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# Chemist & Druggist

FEBRUARY 12 1977

THE NEWSWEEKLY FOR PHARMACY

Gentle dynamite!



There are over 250 shampoo brands. Yet in only its second year Pears Shampoo has blasted its way from nowhere to number 2 in non-medicated shampoos, number 4 overall!\*

Why? Because more and more and more people are finding that gentle Pears is the perfect shampoo for all the family's hair.

So, for 1977, there is a third variant (for dry hair)—and another £750,000 of advertising and promotion.

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**Pears Shampoo. The gentle shampoo.**

\* AGB Toiletries and Cosmetic Purchasing Index, October 1976.

Government  
surveys will  
examine use  
of pharmacies

NPA calls  
for stronger  
laws on rpm

Alan Smith  
on planned  
distribution



Eldo Gibbs Ltd  
The Brand Builders

# Brand new to brand leader in 12 weeks

Last February when we launched MD4 we knew we had a success on our hands.

MD4 was already established as a money spinner on the Continent, and in the UK consumer sales from February to May have already amounted to £500,000 making us the largest ever brand in the stop smoking market.

In just 12 weeks we advanced from brand new to brand leader.

Backed by a £300,000 promotional budget advertising to a potential market of 20,000,000 British smokers, the response had to be big. But with just over 100,000 MD4 users in Britain we've only scratched the surface.

We're continuing our award-winning advertising campaign in the Readers Digest,

The Sunday Times and Observer colour magazines, Woman, Sunday Express, Daily Mail, TV Times, Evening Standard and medical journals such as General Practitioner, World Medicine and British Journal of Hospital Medicine.

This will be supported by an intensive promotional and PR campaign.

Doctors will be hearing about the advantages of MD4 through medical publications, mailings and exhibitions so they can confidently recommend MD4 to patients because it contains no drugs and you too can recommend it to customers.

Re-stock now and take full advantage of the MD4 point-of-sale material. There are six packs in a display outer with leaflets. (Each pack retailing at £5.95)

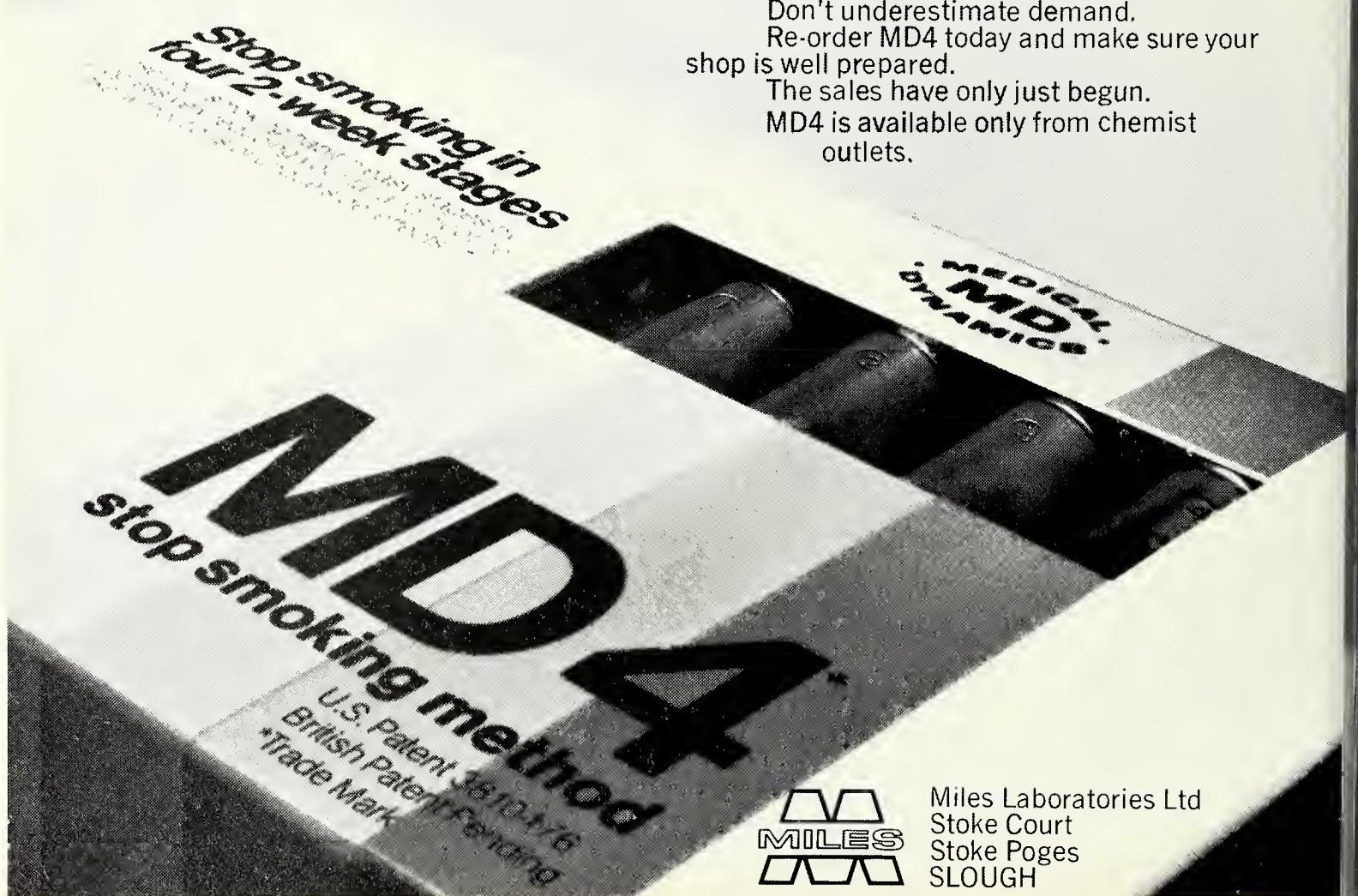
Counter cards and till stickers with leaflets are also available from Miles.

Don't underestimate demand.

Re-order MD4 today and make sure your shop is well prepared.

The sales have only just begun.

MD4 is available only from chemist outlets.



Miles Laboratories Ltd  
Stoke Court  
Stoke Poges  
SLOUGH

BEECHAM PASSPORT



## Beecham Toiletries

Supplement to Chemist and Druggist 12th February, 1977

# WIN!

## 40 HOLIDAYS FOR TWO IN TENERIFE TO BE WON...

**a photo of your Beecham Toiletries  
display could win one for you.....**

Your displays of Beecham Toiletries during February and March could win you and your wife one of our fabulous weeks at a holiday hotel in sunsoaked Tenerife in May.

We'll judge your displays by photographs taken either by you or your staff or by your regular Beecham Representative.

The photograph – preferably a Polaroid – must be firmly attached to the space provided on this leaflet. Please fill in your name, address and other details clearly.

Your chance to win a sunshine week in Tenerife as guests of Beecham Toiletries will last until March 25th. Every new Beecham Toiletries display you build between today and March 25th is worth a photo!

The judging panel from Beecham's Senior Sales and Marketing Management

will be looking for:

Impact;	Siting;
Pricing;	Originality;

Each display must feature at least one of the following Beecham Toiletries:

Macleans;	Body Mist;
Aquafresh;	Brylcreem;
Vosene;	Falcon;
Silvikrin	Midas foam bath;
hair products;	
Bristows	Fynnon bath.
hair products;	

40 holidays for two. Lots of chances to win. Winners will leave the U.K. on 29th April 1977 returning a week later 5th May 1977.

**MAKE SURE YOU ARE AMONGST THEM!**

### COMPETITION RULES

1. Entries may be in colour or black & white.
2. Entry forms must be completed in full.
3. All entries must reach Beecham Toiletries or handed to your Beecham Representative by 25th March 1977.
4. Entries received after that date cannot be considered.
5. Judging will be based on the quality of the display and not on the technical excellence of the photograph. The decision of the Panel of Judges is final and no correspondence will be entered into.
6. Beecham Toiletries display Competition is open to any retailer mounting a display which features

at least one product from the following list:

Vosene	Falcon	Silvikrin
Body Mist	Midas foam bath	hair products;
Brylcreem	Fynnon bath	Bristows
Macleans	Aquafresh	hair products;

7. Winners must take the holiday prize as specified by Beecham Toiletries. There is no cash alternative. Winners will be notified w/c 29th March 1977.

8. A full list of winners will be available on request not later than 4th April 1977, from:

**Display Competition, BHA 1,  
Beecham Toiletries, Beecham House,  
Great West Road, Brentford, Middlesex.**

A PHOTOGRAPH  
OF YOUR DISPLAY OF  
BEECHAM TOILETRIES PRODUCTS  
SHOULD BE ATTACHED FIRMLY  
TO THIS SPACE!



Name: \_\_\_\_\_

Name and address of store: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type and size of store: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date photograph taken: \_\_\_\_\_

Products shown: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of cases used in building this display: \_\_\_\_\_

If this photograph was taken by a Beecham Representative,  
he/she should complete this section:

Name of Representative: \_\_\_\_\_

Area: \_\_\_\_\_

For office use only:

Revd:

Judging:

Result:



*Your holiday island of Tenerife lies in the Atlantic close to the north coast of Africa – a legendary island of green valleys, pine forests, rugged cliffs and gentle beaches, dominated by Mount Teide, a quiet volcano, which sits and guards the island.*

*Vivid flowers, banana trees and lush vegetation contrast with the moonlike appearance of the volcanic craters ... a magic island waiting for you.*

# Announcing a Special winter bonus on **CODELLA®** **Medicated Handcream (30g.)**



13 for 12  
**BONUS!**  
now available  
through  
wholesalers  
until the end of  
March 1977  
- Hurry while  
Bonus Stocks  
Last -

**CODELLA Handcream**  
is widely used to heal  
sore, cracked hands and skin —  
particularly at this time of year!  
**CODELLA Handcream** is an excellent barrier  
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for working hands. It is probably the most  
effective medicated handcream available.  
Because of its mild perfume, **CODELLA**  
Handcream is ideally suited for use by  
both men and women.

**Trade Price £2.64 dozen (excl. VAT)**

**Return £4.68 (at 13 for 12 incl. VAT)**

**"Care for their hands — Care for your profits"**

**CODELLA Handcream is a chemist-only product**

See over

**NAPP LABORATORIES LTD. WISH YOU ALL A PROSPEROUS 1977**

We would like to take this opportunity to provide you with our up-to-date Trade Price list (see below)

PRODUCT	PACK SIZE	TRADE PRICE (EXCL. VAT) £ each	RETAIL PRICE (INCL. VAT) £ each	PRODUCT	PACK SIZE	TRADE PRICE (EXCL. VAT) £ each	RETAIL PRICE (INCL. VAT) £ each
AUDAX EAR DROPS	8 ml	0.53	0.86	CHOLEBRIN TABLETS	6's	0.33	
BETADINE AEROSOL SPRAY	90 ml	2.20		ESODERM LOTION	55 ml 1 L	0.27 3.00	0.44
BETADINE ALCOHOLIC SOLUTION	500 ml 5 L	1.62 12.00		ESODERM SHAMPOO	20 g 300 g	0.18 1.50	0.29 2.43
BETADINE ANTISEPTIC SOLUTION	500 ml 5 L	1.48 10.50		FORTIOR CAPSULES	25's 150's	0.24 1.21	
BETADINE GARGLE & MOUTHWASH	250 ml	0.64	1.04	K-CONTIN TABLETS	500's 5000's	2.50 22.50	
BETADINE OINTMENT	60g	1.13		MOORE'S TEEJEL GEL	10 g	0.20	0.32
BETADINE SCALP & SKIN CLEANSER	100 ml	0.81	1.31	MORHULIN OINTMENT	50 g 350 g	0.27 1.65	0.44 2.67
BETADINE SHAMPOO	50 ml 100 ml	0.42 0.67	0.68 1.08	MORSEP CREAM	40 g 300 g	0.21 1.18	0.34 1.91
BETADINE SKIN CLEANSER	50 ml 100 ml	0.42 0.67	0.68 1.08	NITROCONTIN TABLETS 2.6 mg	100's	2.50	
BETADINE SKIN CLEANSER FOAM	100 g	3.96		NITROCONTIN TABLETS 6.4 mg	100's	3.30	
BETADINE SURGICAL SCRUB	500 ml 5 L	1.33 9.25		OTOSEPTIL EAR DROPS	8 ml	1.10	
BETADINE VAGINAL DOUCHE	250 ml	1.98		PHYLLOCONTIN TABLETS	50's 250's	2.13 10.32	
BETADINE VAGINAL GEL	80 g	1.98		PIB	unit	1.76	
BETADINE VAGINAL PESSARIES	28's	3.76		PIB PLUS	unit	1.98	
BETADINE DISPENSER (COMPLETE)	unit	5.59		PLESMET SYRUP	100 ml 1 L	0.61 5.28	0.99
Spare Parts: Plastic Bottle	unit	0.31		PRESSURISED BROVON	unit	1.98	
Elbow Tap	unit	4.21		PRIODERM CREAM SHAMPOO	18 g	0.21	0.34
Plastic Dispenser (Plunger)	unit	1.07		PRIODERM LOTION	55 ml	0.24	0.39
BETADINE FOOT PUMP	unit	20.88		SEDONAN EAR DROPS	12 ml	0.49	
BRADILAN TABLETS	50's 250's	2.62 12.62		XERUMENEX EAR DROPS	8 ml	0.35	0.57
BROVON INHALANT	20 ml 50 ml	0.68 1.56	1.10 2.53	X-PREP LIQUID	71 ml	0.49	
BROVON MIDGET INHALER	unit	1.32	2.14	YOBINOL TABLETS	25's	0.28	0.45
Spare Parts: Reservoir & Closure	unit	0.96	1.56	Moore Medicinal Products Limited			
Rubber Bulb	unit	0.48	0.78	AKROTHERM CREAM	22 g	0.28	0.45
				CODELLA HAND CREAM	30 g	0.22	0.36
				CRADOCAP SHAMPOO	18 g	0.19	0.31
				GYNOMIN TABLETS	12's	0.26	0.42
				TRED CREAM	40 g	0.26	0.42

**GET THE YEAR OFF TO A GOOD START!  
SEE OVER FOR SPECIAL WINTER BONUS ON  
CODELLA MEDICATED HANDCREAM**

# Chemist & Druggist

The newsweekly for pharmacy

12 February 1977 Vol. 207 No. 5053

118th year of publication

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## Comment

### Planned distribution

Mr Alan Smith, formally-designated chief executive of the Pharmaceutical Services Negotiating Committee from this month, has lost no time in showing those he serves something of his mettle. He might have chosen a less thorny subject than planned distribution of pharmacies on which to cut his teeth, but the paper Mr Smith presented at Bradford last week—and which we are pleased to report in some depth on p183—provides a first class working document for debate within, and outside, the profession.

A number of ideas are floated concerning the financing of a planned service—via the various proposed practice allowances, consortia shareholdings, and a "re-location expenses payment". But in insisting that "new money" is in the long-run essential, Mr Smith makes it plain that the Government will need to see a return for any investment. As he states in another context: "There will be no likelihood of legislation to protect pharmacists unless there is a balancing benefit to the public at large."

Perhaps the Government will be helped to a conclusion favourable to pharmacy by the surveys it is to make into the patient's evaluation of the pharmaceutical service (including convenience and access) and the extent to which the pharmacist is asked for advice (p164). Although there have been a number of papers published in this area, they have been on small, possibly unrepresentative samples. And while politicians have paid lip service to the value of the retail pharmacist in the general scheme of health care, it is doubtful whether they fully believe how much his advice is sought and acted upon by the general public. Irrefutable statistics might both open the politicians' eyes and change their attitudes towards pharmacy.

But even if statistics (which are likely to be a long time in preparation) can persuade the Government to pay for what the public already receives, it seems certain that more service will be required in return for more money. Mr Smith puts forward patient-registration with a particular pharmacy as an alternative to basic practice allowance and, by coincidence, a general practitioner, Dr Mackichan, has recently put forward the same idea for different reasons (see C&D, January 29, and this week, p164). Certainly it would formalise and extend a service available to "regular" customers through their personal relationship with the pharmacist.

*Medical News*, which publishes Dr Mackichan's latest views, comments: "If the pharmacist assumes responsibility, along with the doctor, for monitoring the patient for any adverse reactions, this is to the good of all concerned, and as such should be welcomed by the medical profession." But if the pharmacist is to realise his full potential in such a role, his services must be available to the whole community—for which planned distribution is a prerequisite. Mr Smith is to be congratulated for preparing the ground.

# Government surveys to include pharmacy

The public's view of pharmacy services is to be investigated in two Government surveys, the Council of the Pharmaceutical Society was told last week.

One survey will examine patients' experiences of, and views about access to primary health care services. The secretary and registrar, Mr D. F. Lewis, said it was planned to carry out the survey in May and June, although the pilot field work would take place in February. The survey would include questions about how patients viewed the availability of pharmacies, both in relation to their doctors' surgeries and where they lived, and the circumstances in which the dispensing of prescriptions presented difficulty. The degree to which patients treated themselves and their reasons for seeking advice—for example from friends and relatives, or in pharmacies—might provide important information about the accessibility of the primary health care team.

Mr Lewis also reported that the chief statistician at the Department of Health had informed him that from January 1977 the general household survey carried out by the Office of Population Censuses and Surveys as a continuous exercise, would contain a new question in the health section. It asked whether respondents who had reported a health problem had sought, during the past 14 days, the advice of relatives, neighbours, or others—including specifically "a chemist or the assistant in a chemist's shop". The reference to "assistant" reflected the fact that in many cases it was likely to be the assistant to whom a person put a question, even though the assistant might then consult the pharmacist. Mr Lewis believed those conducting the survey should find out whether the person consulted was indeed a pharmacist or an assistant.

Mr R. Dickinson (deputy secretary) suggested that Council might wish to comment that a survey concerning pharmacies should take into account the health advice available there. That was agreed.

## Dispensing doctors and pharmacists 'should liaise'

Much friction between the pharmacist and dispensing doctor can be avoided if they liaise on mutual problems, believes Dr John Holland.

In the final article on dispensing practice, published in *General Practitioner* last week, he says that the prescribing doctor can help the pharmacist by giving early warning of a change in prescribing habits, such as the appearance of a new drug, and the chemist can help himself by telling the doctor of any excessive stock he holds. "This kind of relationship leads to good will where the doctor's practice is

part prescribing and the pharmacy and the surgery are close together."

"This would produce healthy competition and stimulate the chemist to give a fast and efficient service. Rural chemists with a sound business sense would have nothing to fear and the gp would be able to dispense out of hours for those patients within a mile of the surgery, as well as for his more distant patients."

Dr Holland acknowledges that pharmacists do help doctors by giving advice on a large number of minor ailments. However, he claims the rejection rate for inadequately written prescriptions is only 0.5 per cent and he suggests that errors of dosage should be recorded by the doctor and dispenser. Errors of amount are noted by the Pricing Bureau and any script that omits quantities or specifies an incomprehensible drug must be returned to the gp for clarification. Analysis of representative samples shows that an average of 10 scripts in 2,000 is returned.

## Collection and delivery scheme at Sedbury

Pharmacists in Chepstow are to establish a collection and delivery scheme for the Sedbury areas as soon as possible, it was reported to the Pharmaceutical Society's

Council last week. A letter has been sent by the Chepstow pharmacists to Drs Watkins and Jones, informing them that the collection and delivery scheme was to be organised, and offering in the meantime to deliver medicines to individual patients experiencing difficulty.

One of the Chepstow pharmacists told *C&D* on Wednesday that the scheme should be operating within about a week. Final details had not been decided but prescriptions would probably be collected from the surgery in the mornings and medicines returned there in the afternoons. However, Dr R. Jones told *C&D* that prescription and delivery schemes "would not solve anything" because patients did not like them. The matter is still to be put before the Clothier committee next week.

## Co-op pharmacy views to be considered in EEC

An assurance that the views of Co-operative chemists will be borne in mind in all policy discussions within the UK and the EEC, has been received by Mr Jim Gallacher, secretary of the Co-op Union Parliamentary Committee.

Writing to Mr Gallacher, Mr Roland Moyle, Minister for Health, takes note of the contents of last year's European Union of Social Mutual and Co-operative Pharmacies' resolution on the need for full freedom of development for pharmacies within the European Co-operative Movement. He feels that it must be "re-assuring" to British pharmacists that the UK does not have unjustified restrictions on entry into the profession, though he accepts there may be problems in some countries.

The resolution passed last September particularly objected to French efforts to "systematically block" the opening of mutual pharmacies.

## The pharmacist as 'repeat' prescriber

Dr N. D. Mackichan, the Tynemouth general practitioner who put forward a proposal for pharmacists to take over the "repeat prescription market" from the doctor in a letter to *C&D* (January 29, p212), has now expanded his views in the doctors' weekly, *Medical News*.

Detailing the procedure he envisages, Dr Mackichan writes: "The doctor would make his diagnosis, recognise that the patient required long-term medication and authorise the pharmacist to supply drugs for a given and appropriate period of time, after which he would expect the patient to be returned for assessment.

"The length of time would vary according to the nature of the condition and other factors. The pharmacist would then have the patient register with him for repeat-prescriptions and would complete a repeat-prescription record, one portion for the patient and one for himself. As the patient collected his repeats they would be marked off and in due course the patient returned to the doctor.

"The whole process would then be repeated. The pharmacist would be paid by the patient signing each month his portion of the card.

"The pharmacist in his dealing with the

patient would be in a far better position to note any adverse reactions to drugs than ever the doctor is, and should always be in a position to consult the doctor or nurse, and refer the patient back earlier than planned, should the need arise."

Mr Mackichan adds: "One can hear the protests on all sides. First from doctors—'It's taking away our control of the patient.' But, of course, it isn't. It merely recognises in one more way the pharmacist's enormous involvement in primary health care . . . For the pharmacist it would mean having to have patients registering with him instead of competing with his peers. But is it such a bad thing to have a guaranteed basic number of customers in these days when the small private pharmacist has his back to the wall financially?"

### Advantages for the patient

"For the patient there is much to gain. If he finds a pharmacist he can trust and confide in, this is one more string to his bow in his overall health care."

Dr Mackichan concludes that finance for the scheme could come from money saved by stopping the "undoubted waste of drugs" on repeat prescriptions.

# Liberals' 'no' to State pharmacies

Introduction of State pharmacies would reduce substantially the number and convenience of outlets, says the Liberal Party in its evidence to the Royal Commission on the NHS.

"This is because both they and the opticians combine their NHS functions with a retail trade. The cost of providing or purchasing premises would be very substantial."

The Liberal Party believes that resources should be shifted from care in complex institutions to care in the patient's community. Primary health care should be based on grouped medical practices in health centres or group practice premises, associated with teams of nurses and health visitors and closely linked with social work departments. Personal care services should be available on a 24-hour basis so that the working population can receive medical attention outside working hours.

The Liberals totally oppose charging patients as a means of raising revenue but would accept a charge which discouraged abuse of the NHS without materially interfering with necessary access.

#### Charge 'waste' to NHS officers

It is significant that the self-employed independent contractors, who have to find their own money for better premises etc, have taken a progressively smaller portion of total NHS resources, the statement continues. Hence measures are needed to make officers who tolerate uneconomic, inefficient or wasteful use of public funds, bear part of the costs personally. The Liberals believe the NHS should continue to be financed through taxation, preferably through a local income tax collected regionally.

Another suggestion is that "alternative medicine" should be incorporated into the NHS provided such treatments are clinically effective. "The indiscriminate use of vitamins in the absence of proved deficiency, the prescription of tonics and placebos are all difficult to justify and the increasing incidence of harmful side effects from drugs must encourage a search for alternatives." The party is greatly concerned at the tendency to use drugs to cure behavioural problems which should be met by a change in life style and recommends doctors be given more details about their individual prescribing costs and habits.

The Liberal Party opposes nationalisation of the drug industry, believes professional bodies should be responsible for the standards of their members' health care, and favours a single organisational level below regional level, based on the attachment of a district general hospital.

Mr W. Manktelow, manager, Boots the Chemists Eastbourne branch, with members of his staff and singing star Anita Harris signing copies of her Sweetex Recipe Book



## NPA calls for stronger rpm law

The National Pharmaceutical Association favours legislation that would require "ethical" and preferably all medicines to be sold at prices not less than those fixed by manufacturers.

"Machinery already exists (the VPRS) which would enable the Government to satisfy itself that no-one made unjustifiably high profits from such an arrangement", NPA says in evidence to the Royal Commission on the NHS.

NPA stresses that resale price maintenance should stay on proprietary and "ethical" medicines at the retail level because medicines should not be promoted by price-cutting which encourages people to buy more than necessary. At the wholesale level rpm ensures continued profitability of wholesalers. "Price-cutting by wholesalers (and reputable wholesalers would undoubtedly be forced by an unscrupulous minority to cut prices) could only result in a smaller total market and a consequent reduction in the level of service. No-one would gain, the patient would suffer."

#### Contract control near health centres

NPA also believes legislation is urgently required to control granting of NHS pharmaceutical contracts in areas near health centres and group practices.

"The NPA does not favour a health centre orientated pharmaceutical service where an adequate service already exists in a community. But where the service is not adequate and there is a need for a pharmacy in a health centre it should be run by a consortium of the pharmacy proprietors whose businesses are affected. This can never be more than a partial solution but will at least ensure the continuation of a pharmaceutical service for patients visiting the centre."

NPA emphasises that consortium formation is not attractive to pharmacy proprietors. "There is seldom any increase in prescription numbers and the rise in overhead costs incurred in running the health centre pharmacy is not matched by an increase in turnover." The peripheral pharmacies also lost dispensing and sales. But despite its commercial drawbacks, the consortium pharmacy would be a sufficient safeguard for most pharma-

cies affected by health centres if it were not for "leapfrogging" risks.

Most of NPA's views have already been dealt with in evidence submitted by the Pharmaceutical Services Negotiating Committee (C&D, January 22, p95) but NPA feels that the health centre problem justifies further emphasis.

## Pharmacy's views on animal medicines sales on TV

The case for pharmacy control of animal medicines distribution was put forward on the television programme, "Farming today", on Sunday.

Mr Jim Bannerman, the Pharmaceutical Society's president, said medicines could not be distributed responsibly by people who did not understand how they acted. There was evidence that animal medicines were being abused—merchants persuaded farmers to buy anthelmintics, for example, because they were on bonus offer, regardless of whether the animals needed such treatment, and the illegal sale of antibiotics was increasing.

When asked whether all animal medicines should be prescribed by vets, Mr Bannerman admitted some "self interest"—because when vets prescribed they usually also supplied the medicine—but he felt farmers should still have free access to some medicines through pharmacies.

A spokesman for the British Veterinary Association agreed that merchants did not understand what they were selling and that farmers were "short-sighted idiots" to use illegal antibiotics of unknown quality. The BVA wanted to split the proposed Merchants List and make some of the drugs available on free sale, the rest prescription only. He said it was often more convenient for farmers if vets supplied them with drugs rather than issued prescriptions, because the nearest pharmacy was usually a long way away. Pharmacists, however, could be a great help in storing medicines correctly.

The programme was screened in Anglia, Yorkshire and Harlech Television areas.

□ The president was also interviewed on television and radio in Norwich last week where he spoke on analgesics sales.

## Westminster report

# Minister criticised over delay on analgesics sales

The Minister for Health, Mr Roland Moyle, declined to make a statement on the sale of analgesics on Tuesday when asked by Mr Cyril D. Townsend, in the House of Commons.

Mr Townsend asked: "Is it not about time that the Minister made up his mind about the recommendations of the Medicines Commission?" He said Help the Aged were anxious that these drugs would not be restricted to pharmacies in view of the "considerable inconvenience" to the elderly.

Mr Christopher Price said many MPs were suspicious of the drug companies' campaign to extend the sale of drugs. "Many of us feel that too many drugs of this sort rather than too few are being consumed." He asked whether the Minister agreed that it was important to educate the public that drugs were not confectionery to be bought off the shelves but medicines that should be taken with advice.

Mr Moyle agreed it was important to educate the public about the true place of medicines. When told by Mr Patrick Jenkin that a large number of traders wanted to know where they stood, Mr Moyle replied there was no immediate need to lay regulations before the House. "I have received no representations from anybody about any state of uncertainty, although I have received representations from people outside the House and from Members in the form of written questions, both for and against the proposition."

□ In a written reply to Sir Bernard Braine, Mr Roland Moyle, Minister of State for Health, reported that of the 330 community health councils in England and Wales, 53 have written to support, and seven to oppose, a ban on the self-service sale of analgesics.

## Whooping cough statement

Mr David Ennals, Secretary for Social Services, said in the House of Commons on Tuesday that the Government could not commit itself on compensation for vaccine damaged children until the Royal Commission on Civil Liabilities reported later this year. The whooping cough vaccination programme would continue because the benefits outweighed the risks, but the most up-to-date information on contra-indications would be sent to doctors.

The Ombudsman is to investigate the cases of four children said to have suffered brain damage after whooping cough vaccinations.

In a letter to Mr Jack Ashley, MP, who has been campaigning for compensation for such children, the Ombudsman, Sir Idwal Pugh, said, "The complaint that I shall be investigating is the following: That the parents concerned gave their

consent to the immunisation of their children in ignorance of the risks to which this might be exposing them, and that this ignorance was caused by the failure of the Department of Health and Social Security to make available to those parents information about all the factors which they should have taken into account before they gave that consent."

## Effect of increased prescription charges

Mr Patrick Cormack asked the Secretary of State for Social Services what the increase in revenue from prescription charges would have been in 1976 if the charge had been (a) 35p, (b) 40p, (c) 50p.

The Minister of State for Health, Mr Roland Moyle, replied that the income from pharmaceutical services in England in 1976 is estimated at about £23m. The additional income from increased prescription charges would have been (a) £17m, (b) £23m, (c) £35m, assuming that the number of chargeable prescriptions remained the same.

## CIBA Trasicor trial to be investigated

Mr Mike Thomas asked the Secretary of State for Social Services if he would investigate whether the current trial being mounted by CIBA Ltd in which doctors are asked to transfer patients from Trasicor (oxprenolol) to Slow Trasicor is promotional in its operation; whether acceptance of the offer of a calculator to the doctors involved would be a breach of their NHS contracts; and how long the CIBA patent on Trasicor has to run.

In a written reply, Mr Roland Moyle, Minister of State for Health, undertook to investigate the circumstances under which the trial is being conducted and stated that CIBA have been asked to send copies of the protocols and other documents relating to the trial to the DHSS. The patent for Trasicor is due to expire in August 1981.

## Child-resistant containers

The DHSS is aware of isolated cases where difficulty has been experienced with child-resistant containers by the elderly or disabled but on the whole the arrangements are working satisfactorily, according to Mr Roland Moyle, Minister of State for Health, in a written Commons reply to Sir Bernard Braine last week. Because containers designed to protect children from accidental poisoning may present problems to some adults, particularly the elderly and handicapped, the regulations and the voluntary arrangement with pharmacy representatives allow for flexibility.

## 'Medicines with groceries' scheme denied

Leeds Pharmaceutical Committee has denied that it has ever recommended a "medicines with groceries scheme" for parts of Leeds claimed to be suffering from a lack of pharmacies.

A report in a recent *Yorkshire Evening Post* said that the "Leeds Pharmaceutical Society" were to consider setting up a special chemist agency, a scheme suggested by County Councillor Chris Greenfield. "This would involve a local store accepting prescriptions which would be made up by a chemist and then left at the shop for collection." Patients in the Wythers, Greenhills and Poplars areas of Leeds were said to be having difficulty in getting prescriptions dispensed following pharmacy closures.

Mr John Schofield, secretary, Leeds Pharmaceutical Committee, told *C&D* that one of the local councillors had written to him about the problem and Mr Schofield agreed to discuss it at the next committee meeting. Subsequently the newspaper published its "distorted" account and Mr Schofield wrote to the *Evening Post* emphasising that no such scheme had been agreed. He pointed out, in a letter which was not published, that the criteria for a collection and delivery scheme were—voluntary co-operation of pharmacists in the area, the collection point should be supervised by a most responsible person, the scheme would have to be approved officially by the Pharmaceutical Society and would have to be applied in collaboration with the Leeds family practitioner services.

Mr Schofield added that members of the committee were to look round the affected area this weekend to see exactly what the hardships were (see Letters, p170).

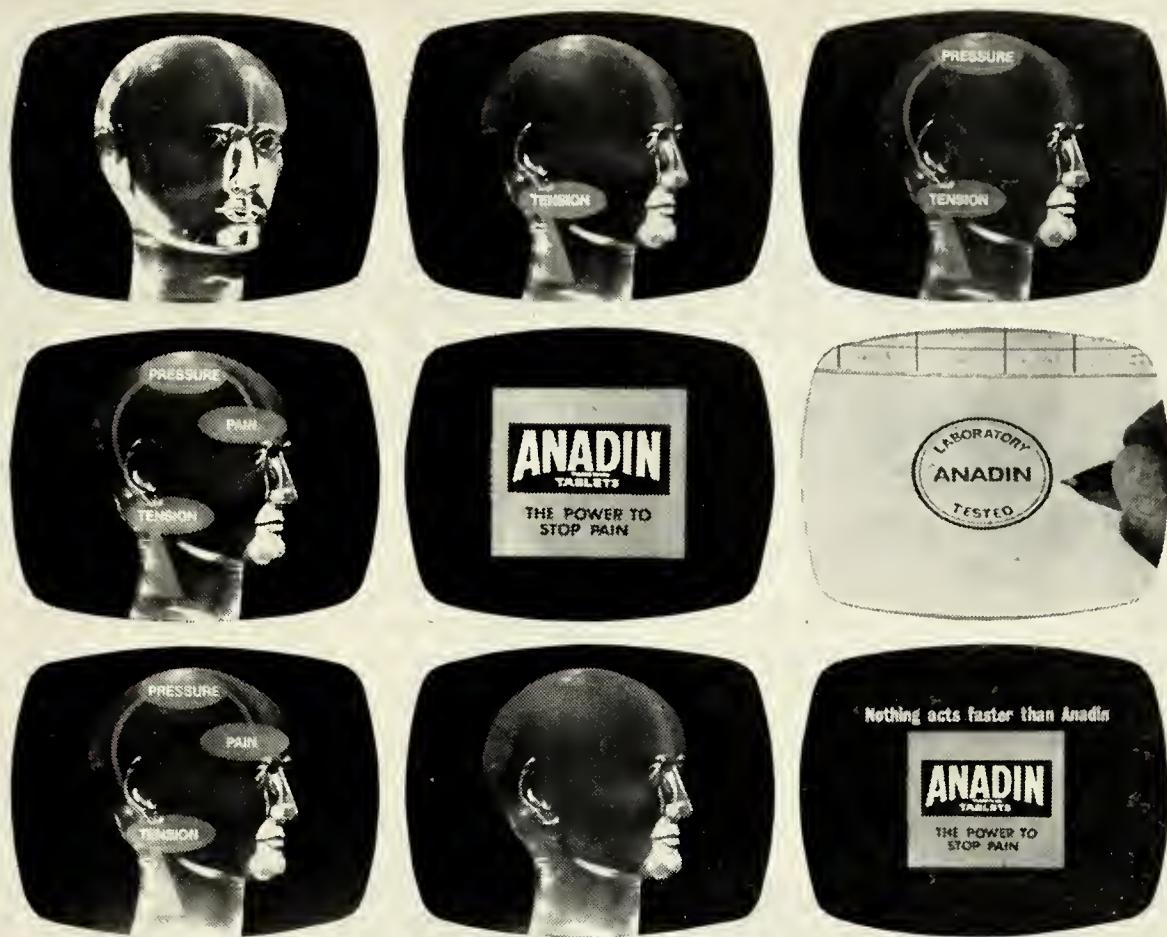
## TPF reassurance on bubble-bath safety

The Toilet Preparations Federation says there is no need for concern about UK bubble-bath products despite US warnings to the contrary.

The US Food and Drug Administration has proposed that bubble-bath labels be required to carry the following statement: "Caution. Use only as directed. Excessive use or prolonged exposure may cause irritation to skin and urinary tract. Discontinue use if rash, redness or itching occur. Consult your physician if irritation persists. Keep out of reach of children." For bubble-bath sold as powder, the FDA proposes an additional statement: "Avoid inhalation of dust to prevent respiratory discomfort."

The FDA has received many complaints from consumers and physicians about adverse reactions from bubble baths, including rashes and genital disorders, particularly in girls. A 1974 survey found the reaction rate was 14 per 10,000 product uses, compared with 6.9 for all cosmetics.

A spokesman for the TPF told *C&D* that UK experience with bubble-baths was unlike the alleged US situation. "Our experience is that there does not appear to be a problem." It was not known which ingredient was responsible.



# No.1 ANADIN\*

**Outsells, Outspends Every Other  
U.K. Proprietary Analgesic**

**Stock & Display Anadin This Winter  
No.1 Profit Maker**



\*Trade Mark

# The owners of the first trade mark registered in Britain...

ENTER  
BEFORE Feb 28th



# ...invite other trade mark owners to enter for THE BASS AWARD

This award, sponsored by Bass Charrington, proprietors of the first registered United Kingdom Trade Mark, and the Institute of Trade Mark Agents, commemorates the centenary of British Trade Mark protection. It consists of a handsome silver trophy and a commemorative certificate signed by the Chairman and members of the judging panel. The panel will be chosen by the Institute of Trade Mark Agents and Bass Charrington.

#### What the Award is for

It will be awarded for the national or international advertising campaign which, in the opinion of the jury, uses a Trade Mark registered in the U.K. in the most consistent and imaginative way. The campaign must have been aimed at the general public (not trade exclusively) and have been conducted over any six or twelve month period since 1946 but ending not later than 30th June, 1976. The Trade Mark must have been registered in the U.K. in or before 1976 and must be in current use.

#### Who may enter

Entries are invited from any British company or organisation, or foreign company or organisation with a permanent branch or subsidiary in the U.K. (other than a sponsor or a subsidiary, associated or affiliated company of a sponsor) which is engaged in the food and drink, toilet preparation, cosmetic and household

product industries and which is the owner of a U.K. registered Trade Mark used in national or international advertising.

#### Form of entries

These will be in the form of an illustrated brief describing the nature and intention of the campaign and the role played by the Trade Mark therein. It must include specimen advertisements or photographs of material, demonstrating the use of the Trade Mark, and must be arranged sequentially to illustrate the development of the campaign. Entries should be arranged on A4 paper and be not longer than 50 pages.

#### Judging

Entries will be judged by a distinguished panel headed by the Chairman of Bass Charrington Ltd. The result of the competition will be announced in the Trade Press and the Award presented at an appropriate function. The decision of the panel will be final on all matters.

Entries shall be submitted not later than 28th February 1977 to:

"The Bass Award",  
The Institute of Trade Mark Agents,  
69 Cannon Street,  
London, EC4N 5AB.

Further information can be obtained from the above address.

# People

**Mr George Weinberger**, deputy chairman of Royal Sovereign Group Ltd, has retired after more than 40 years in the stationery and sundry products trade. While with Royal Sovereign he was actively engaged in the control of the Olive sunglass and toiletries division which distributes chemists' sundries to retail outlets.

## Deaths

**Cleland:** Recently, Mr Ernest Ruthven Cleland, MPSNI, who had a business in Duncairn Gardens, Belfast, for some 30 years and retired in 1967. Mr Cleland, who qualified in 1926, was one of the earliest pharmacists registered by the society, his certificate being no 7.

**Lilly:** Recently at the age of 91, Mr Eli Lilly, honorary chairman of Eli Lilly and Co. He was grandson of the firm's founder Colonel Eli Lilly and had been actively associated with the company for more than 80 years.

**Shaw:** Suddenly after a long illness, Mr Alan Shaw, MPS, 29 Bingham Park Road, Sheffield S11 7DB. He qualified in 1937.

## 'Marvellous' response to coin collection scheme

The Marie Curie Memorial Foundation says there has been "marvellous" response to the coin collection in pharmacies.

Securicor is still collecting, on behalf of the Foundation, boxes of medals and old or foreign coins from 10,000 pharmacies which were asked to take part (C&D, November 27, 1976, p724). Some of the currency is being redeemed, some melted down and several medals and coins "which could be worth hundreds of pounds" are to be valued to obtain the highest price possible. The greatest response has come from Scottish pharmacists, but the final results will not be known for some time.

A spokeswoman for the Foundation, Mrs A. Greening, told C&D that the campaign will be extended on a permanent basis through all pharmacies. Pharmacies were thought to be suitable collection points because pharmacists were "dependable people and the scheme might help their businesses at the same time." Advertisements were placed in local papers asking people to help the Foundation by taking unwanted coins to their chemists.

## Budget proposals—help for small businesses urged

The National Chamber of Trade has asked Denis Healey to give special consideration to the needs of smaller businesses when drafting his Budget proposals for 1977. The NCT, in a letter to the Chancellor of the Exchequer, also calls for absolute priority to be given to counter-inflationary measures and asks for more encouragement and incentive to be given to "those who could improve the nation's economic performance".

# Topical reflections

BY XRAYSER

## Diversification

One constantly hears of the folly of having all our eggs in one basket. A look round today suggests that the message has gone home. The baker sells eggs; the fruiterer, shampoo; the newsagent, aspirin. We have been familiar for many years with the small general shop which seems to have prospered by catering for those whose shopping habits don't recognise the need for a shopping list, and the more forgetful are offered an opportunity, quite late in the evening, to fill the gaps from a diverse collection of merchandise which embraces such unlikely bedfellows as ink, turnips, collar-studs, candles, castor oil and vinegar. There were many such places, long before the development of the massive stores.

Pharmacy has not been unaffected by such proliferation, and the fact has not gone unnoticed in the recent exchange of pleasantries between medical and pharmaceutical spokesmen in the Press and on various programmes of the BBC. I am unconvinced that such "confrontations" are of any value, and it seems to me that the exchanges do not add anything to either the dignity of the participants or the stature of the professions concerned. That, I realise, is a matter of opinion, but I hold the view that publicity may be overdone. Any interviews carried out on radio or television are designed for entertainment rather than instruction and I feel that a period of self-abnegation on the part of those concerned would not come amiss.

## The pharmacist's last

In addition to the adage concerning eggs and baskets, there is another which admonishes the cobbler to stick to his last. That, also has relevance to the views of medicine and pharmacy expressed in recent weeks. It is difficult to avoid the conclusion that doctors should do all the dispensing and pharmacists should do all the prescribing. Mr David Dalglash, a member of Council of the Pharmaceutical Society, has posed a question in *Pulse*. He asks (C&D, p133) if it is now time to give pharmacists the right to prescribe, leaving doctors free to concentrate on diagnosis and patient counselling. He goes on to say that that would necessitate a complete change in accepted practice, and the pharmacist would require to be willing to work in health centre practice, for only in such an environment could the pharmacist make his full contribution.

The suggestion is not new. The report of the committee of inquiry, published by the Society in 1941, spoke of the need for collaboration between pharmacists, doctors and other health workers under a system which integrated their activities, and a basis of payment for pharmaceutical work which took into account the advisory function of the pharmacist as well as his function as a producer and supplier of medicines. "Neither of these conditions appears capable of fulfilment within the framework of private medical and pharmaceutical practice," the report continued, "whereas they can be readily fulfilled within the framework of a comprehensive public health service."

## Forty years on

That was nearly forty years ago, in the middle of a war of survival. A comprehensive health service came a few years later, though not "public" in the sense implied by the report. But pharmacy was not ready, and we may be further from that situation today than we were in 1948. It might be a useful exercise for some of the younger members of Council to study the work of that committee. It might very well cut some of the corners. The report also said: "The professional aspect of pharmacy should take precedence over the commercial in the conduct of retail pharmaceutical business."

# Letters

## A voice for employees—but not this one!

It may well be desirable for the collective views of employee pharmacists to be heard; it may be an excellent idea for there to be an "employee" section of the PSGB—I would not profess to know since it is a decision that employee pharmacists themselves would want to make. What I do know is that if an employee section is to be brought into life by the likes of Messrs Leaman and Saley its future seems bleak if the thinking behind their call for such a section is as spelt out in their recent letter attacking corporately and individually the PSGB and the NPA.

From that letter I would suggest they have little to offer pharmacy. There is no ruling "clique", nor can there ever be when elections to the PSGB Council are held every year. Pharmacists can vote—and they do vote; they can make changes—they do make changes. As a member of the NPA board, as a pharmacist working in my own business (one shop, no branches, no hidden finance house) the suggestion that "monopolies" use "block-voting" procedures to control the NPA is ludicrous. Who are "monopolists"? Someone to attack when there is no other target you can find?

Yes, by all means let us have an employee organisation to get improvements for pharmacy as a whole—to work with, not against the other bodies in pharmacy. United we stand, etc.

D. J. Coleman  
Stalham, Norfolk

## NPA—never better

"The NPA in decline" claim your correspondents Messrs Leaman and Saley (C&D February 5, p153). Perhaps because they are employees, they cannot have seen our annual reports. And perhaps because of their political inclinations, they think of us only in "union" terms. Decline? Never!

Granted we have fewer members than 10 years ago. But our percentage membership is still a record 95 per cent for a voluntary association. Fewer pharmacies, but larger pharmacies, and the population served by them is as numerous as ever. Consequently, the support services that we provide from the Group at Mallinson House have in no way diminished. On the contrary, there has been a steady and progressive increase in the services provided.

Business aids and equipment sales are at their highest level ever; our advisory services are more frequently in demand; insurance cover and numbers of policies are on the up and up; Coupex has almost doubled its coupon turnover for the second year running (regrettably, some of us think, because we do not like coupons); interfirm comparison reports continue to attract enthusiastic support; the informa-

tion and locum departments have never been busier; correspondence with members is at an all time peak; dialogue with outside bodies is as active as in any previous period and the number of nominations indicates that interest in the impending elections for the NPA board of management is high. (And it is nonsense to say that "monopolies, by using 'block-voting' procedures can effectively control the policies of the NPA".)

As from January 1 of this year we have a new name and a new symbol. And we are looking forward to moving to a new building next year.

"Growth", "progression", "development"—choose whichever description you like—but not "decline" Messrs Leaman and Saley, it just does not fit!

J. Wright  
Secretary

National Pharmaceutical Association

## 'Lump sum' deductions

Failure to communicate matters essential for the wellbeing of our profession, amount in my opinion to gross negligence on the part of those parties concerned.

I refer to two recent issues—firstly, the reduction in the "advance payment" to contractors to recover previous "over-payments" (C&D, January 22, p68). Whilst it was publicised that this was to happen as the pricing of prescriptions were brought up to date, and that this "lump sum" deduction could seriously affect a contractor's cash flow, it was NOT publicised that FPCs were willing to assist contractors in this position by arranging for this "lump sum" deduction to be spread over three to four months, instead of causing a "cash crisis" for the contractor in any one particular month.

Secondly, it was recently published in the *Yorkshire Evening Post* (January 24) that a "medicines with the groceries" scheme is being considered by the "Leeds Pharmaceutical Society", for two areas in Leeds where pharmacies have closed down and have not been replaced. This "chemist agency" arrangement has been suggested by a local Liberal County Councillor, who is reported as being "pleased" that his suggestion is to be considered seriously.

Such a scheme would allow patients to hand in their prescriptions to a local tradesman, who would then transmit them to a central dispensing point which would return the dispensed medicine back to the greengrocer to be handed out to the patient. That such a scheme could even be "considered" by any pharmaceutical body is deplorable. Its implementation would mean the end for at least 75 per cent of existing pharmacy outlets, on economic terms alone. A daunting thought. Some would argue that even under such a "master-plan" the actual dispensing for such a scheme would in the end be done by the pharmacist—but as we all know, one pharmacist can "supervise" many dispensing assistants (see p166—Editor).

To return to the economics of pharmacy, the fact that the DHSS through our negotiators tells us that there is no "extra, new money", but that the "old" money must be redivided and recirculated, would indicate with the ever increasing costs produced by inflation and the increased in-

vestment in drugs necessary as manufacturers continue to increase their prices regularly, that the viability of existing pharmacies is becoming increasingly jeopardised by the "holding down" of chemists' remuneration at artificially low levels. This can only lead, in the course of time, to an even greater acceleration of closures and the introduction not of a nationalised service, but of a "greengrocers collection service" as proposed in the *Yorkshire Evening Post*.

The most alarming aspect of these proposals is that their existence is "hushed up" and not revealed by those bodies charged and paid to protect the professions' interests. Who are our protectors? Why don't they protect us?

I leave you to draw your own conclusions.

Stanley Blum  
Secretary

ASTMS/GPP section

It is understood that pharmacists have already had the 20 per cent balance. As the money owed while prescriptions are awaiting pricing is included in the invested capital calculation used for determining profit, any alteration of the agreed procedure could result in a reduction of profit per prescription—Editor.

## Advertising freedom

I was most disappointed to learn through your columns that the Pharmaceutical Society of Great Britain had decided to support, in their entirety, the proposals put forward by the DHSS relating to sales promotion expenditure by the industry. As the trade association for the magazine, periodical and journal industry in this country, I would not feel myself competent to discuss or comment on the whole principle of a reduction in promotional expenditure, but as an individual taxpayer I fully support any move by government to cut public expenditure.

The point that I, and all my colleagues in the publishing industry, would wish to make is that it is wrong for government to distinguish arbitrarily between one type of journal and another. It is the view in publishing, the medical profession and amongst those who manufacture products for the pharmaceutical industry that this is the first step towards curtailing Press freedom.

All journals should be treated in like manner and it should be the decision of the advertiser whether one journal is more suitable for the promotion of his products than another. The day that any government finds itself able to tell an advertiser that advertising will be treated in one publication in a manner different to that in which it will be treated if it appears in another publication removes the right of free choice. There have been many inroads into personal freedom over the years, but this particular erosion of freedom of choice will be resisted by many, whether directly involved in this issue or not.

David Burnett  
Periodical Publishers Association Ltd  
London WC2B 6UN

□ The retail price of the Progestasert system is £33.17, not as suggested in a letter last week (p153).

# Daily Cleanser

DEEP CLEANSING TONIC . . . AVAILABLE TODAY FROM DDD

DDD

Massive advertising campaign for new Deep Cleansing Tonic

DDD are making "a major investment" in the advertising launch of Deep Cleansing Tonic, it has been announced.

They will be spending more on this campaign than they have ever done on any previous product launched. Nearly 200 half page and quarter page advertisements will give "Blanket Coverage" in the Teenage Magazines.

FULL STORY  
ON PAGE 3

## BAD NEWS FOR BLACKHEADS!

Teenage blackheads have a new problem to cope with, it was announced yesterday — DDD's new Deep Cleansing Tonic.

All over the country young girls are seeing Deep Cleansing Tonic displayed in their local chemist for the first time — and can't resist the temptation to buy something new.

### What girls want today

Deep Cleansing Tonic is the end result of prolonged market research by DDD. They found the majority of teenage girls want a cleanser which gets deep down into skin pores, BUT they also want a pleasant perfume and to feel refreshed after using it.



### A real tonic

That's why the product is called "Deep Cleansing Tonic". Because the name conveys more than just a cleanser — girls realise it refreshes the skin as well.

### A medicated product

But teenage girls also expect a cleanser for oily skins to be medicated. That's why the extensively researched label is designed to convey a strongly "medicated" feel, and incorporates the well known DDD logotype.

### Marketing Strategy

The product is aimed specifically at the teenage market — where the majority of medicated skin cleansers are sold.

## Chemists welcome New 3-Step Profit Plan

Chemists concerned about their profit margins should take a good look at the Trade Launch 3-way profit plan for Deep Cleansing Tonic, for more details ring me on Watford 29251 says Frank Sterling, National Sales Manager for DDD.

Frank Sterling



FULL REPORT ON PAGE 3

## LATE NEWS

DEEP CLEANSING TONIC SALES EXCEED TARGET PLAN

WATFORD



GIRLS RIOT AT VILLAGE CHEMISTS LAST BOTTLE SOLD



DDD Sales force Giving Dispenser Showcards FREE!



PRESIDENT SLEPT WELL  
WASHINGTON CORRESPONDENT



bad news  
for  
blackheads

Often spots start as blackheads. Oily skin. Blocked pores. By cleansing deep down into skin pores you can help keep spots at bay. In fact, the best thing's a regular, daily, deep-cleansing routine to prevent blackheads starting.

You know that!

But do you know about new Deep Cleansing Tonic? It really lifts out impurities to help prevent blackheads and spots. It keeps its promise.

DDD DEEP CLEANSING TONIC  
good news for oily skins

FREE OFFER.

Get a free jeans patch of your own Zodiac sign. Look for the free offer labels.



# New products

## Babycare

**Granulated babymilks from Milupa**  
A new infant dried milk food—said to be the first in granular form—has been introduced in the UK by Milupa, under the brand name Milumil. The formula is designed to meet the current recommendations of the Department of Health—as close to breast milk as practicable, can be measured accurately, easy to mix and needing only the addition of water.

Being granulated, Milumil can be more easily measured in the scoop without the need of a knife to level it off—a practice which tends to compact powdered milks and result in inconsistent and inaccurate measures. Granulation also makes the product easier to mix without lumps.

Milupa say that "justified or not", some mothers complain that the new modified milks do not satisfy their babies. "In practical terms, powdered milk feeds can result in inaccurate and inconsistent feeds when mothers 'level off the scoop'."

In aiming to provide a formulation that satisfies, they have combined maltodextrin and amylose with the main carbohydrate, lactose. The milk's butterfat content has been partly replaced by a blend of vegetable oils to provide a "spectrum of fatty acids similar to that in breast milk". The full ingredient analysis is skimmed milk, lactose, full-cream milk, edible vegetable oils, maltodextrin, amylose, calcium carbonate, vitamin concentrate containing vitamins C, E, calcium-D-pantothenate, nicotinamide, vitamins A, B2, B6, B1, folic acid, vitamins D3, B12 and ferrous lactate.

Milupa say that, as an introductory offer, they have arranged "with Boots and other major chemists", a special price of £0.65 during the launch period.

The Milumil pack (300g, £0.75) com-



prises a foil and polythene bag inside an outer cardboard carton; each comes with a 5g clear plastic measuring scoop having a half measure mark. Cartons are open date stamped with a "use-by" date (Milupa Ltd, Lyons Estate, High Road, Crowley Peache, Uxbridge, Middlesex).

## Sun and wind cream

A cream designed to protect the skins of young babies from sunburn is being launched by Maws. Called sun and wind cream (80cc, £0.50), it contains the screening agent, 2-ethoxyethyl-p-methoxycinnamate, and is to be used not only on bright, sunny days, but also on hazy windy days when the effect of ultra-violet light can still be quite severe. Developed for use on the sensitive skin of a baby, it is also recommended for all the family. The tube stands up on end for easy storage (Ashe Laboratories Ltd, Kingston Road, Leatherhead, Surrey).

## Cosmetics and toiletries

### Maybelline Kissing Potion

Maybelline have introduced a clear, flavoured lip gloss which can be worn on bare lips or over lipstick. Called Kissing Potion it comes in a bottle with a built in roller mechanism. There are six flavours, strawberry swirl, cherry smash, mighty mint, krazy kola, cinnamon stick and fruit flip (£0.55). The product will be sold in a "selfasta" unit containing six units of each flavour (Plough (UK) Ltd, Penarth Street, London SE15 1TR).

### Geminesse Duomatic mascara

Max Factor have introduced a dual ended mascara to their Geminesse collection. Duomatic mascara (£2.95) is described as an "extra rich, extra smooth formula which is waterproof, smear-proof and flake-proof". On one end of the applicator is a slender comb wand to colour and curl, the other end contains a spiral finishing brush to feather and separate the lashes before the mascara dries. The company has also added six shades to both the Geminesse enriched cream lip colour (£2.05) and the enriched nail colour (£1.75), they are desert rose frost, golden-wood frost, ruby rust frost, tawny claret frost, bittersweet red and cactusflower red. All products will be available for sale from April 1 (Max Factor Ltd, 16 Old Bond Street, London W1X 3AH).

### Estee daytime

Estee Lauder have introduced a lighter variation of their Estee fragrance. Called Estee daytime (£6.00-£10.00) it is described as subtler in tone and soft in message. The company says it has been designed for the woman who "moves through life with a definite direction, who is used to accomplishing things, on top of the facts and on top of fashion". Available as a spray or a splash (Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X).

## Oral hygiene

### Chemist-only fluoride range

A range of chemist-only fluoride tablets and rinses is being introduced by Hoyt Laboratories. Luride drops provide about 0.1mg fluoride per drop from 0.22mg sodium fluoride (40ml, £0.70) and Luride tablets for once-daily dosage contain

sodium fluoride in a sugar-free chewable base—the 1mg tablets (120, £0.65) come in cherry, lemon, orange and lime flavours and the 0.5mg tablets (120, £0.65) are grape-flavoured. Fluorigard daily topical rinse contains 0.05 per cent neutral sodium fluoride (480ml, £1.50), Point-two weekly rinse contains 0.2 per cent neutral sodium fluoride (120ml, £1.00), and Phos-flur daily rinse contains 0.05 per cent acidulated phosphate fluoride in lime, orange and cherry flavours (500ml, £1.50).

The products are being promoted to dentists by means of an educational programme with advertising in dental journals, sponsorship of seminars and educational material for patients (Hoyt Laboratories, division of Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN).

## Surgical

### Air mattress for bed sores

The Bubble Pad—a new design in one-piece alternating pressure air mattresses which is claimed to give greater relief from bed sores—has been launched by Flowtron Aire Ltd.

The pad has diamond-shaped cells, 4in × 4in, arranged in a quilted fashion and connected in alternate rows across the bed. The large diameter of the individual cells means that a greater height difference between inflated and deflated cells can be achieved than with traditional one-piece small cell pads, ensuring that blood capillaries are regularly relieved of the pressure which causes bed sores.

Two models are available—OP/B/2 (£9) is a disposable version constructed in medium weight premium grade vinyl. The heavy duty Bubble Pad—OP/B/3 (£11.25) is constructed in heavy weight premium grade vinyl with integral end flaps. Both models measure 74in × 31in when inflated and are used with the AC/001 Alphabed (£30.94) intermittent pressure pump (Flowtron Aire Ltd, Lye Trading Estate, Old Bedford Road, Luton).

## Haircare

### Brush'n'Blow

Brush 'n' Blow has been introduced by Jackel & Co Ltd. It is a setting lotion specially formulated for use when blow-drying the hair. Brush 'n' Blow (£0.19) comes packed into a neat counter display

Continued on p174



# SHOCK REPORT

## HEAVY DEMAND FOR DISPENSER SHOWCARD

The demand by retail chemists for dispenser showcards has been "unprecedented" said a DDD spokesman yesterday. "They are really taking to the attractively-designed crowner in a big way. Perhaps because they can see it will sell Deep Cleansing Tonic off the shelves."

### No Worries

But we were assured that they had reprinted enough to meet all likely demands. DDD reps are still offering generous numbers of these display items when they call on chemists with the new DDD sales package.

## WAITING IN THE WINGS

WITH OILY SKIN AND SPOTS LIKE MINE, HOW COULD I ACT IN THE CLUB PLAY. ALL I COULD DO WAS PROMPT.....

THE LOVELIEST GIRLS WILL TAKE IT FROM YOU!

DEEP CLEANSING TONIC  
good news for oily skins

# CLAIRE'S our cleanest page 3 beauty

THE LOVELIEST GIRLS WILL TAKE IT FROM YOU!

Classically beautiful Claire Goodbody used to be troubled by blackheads. "So I use skin cleansers all the time to prevent them. I've tried the lot, but now I've found Deep Cleansing Tonic, I don't think I'll ever change."

Don't change Claire. You're a tonic for us all.



# NEW 'DEEP CLEANSING TONIC' LAUNCH BIGGEST EVER!

"The introductory advertising campaign already appearing for Deep Cleansing Tonic is the biggest ever undertaken by DDD", says Nigel Halsby, their Marketing Director.

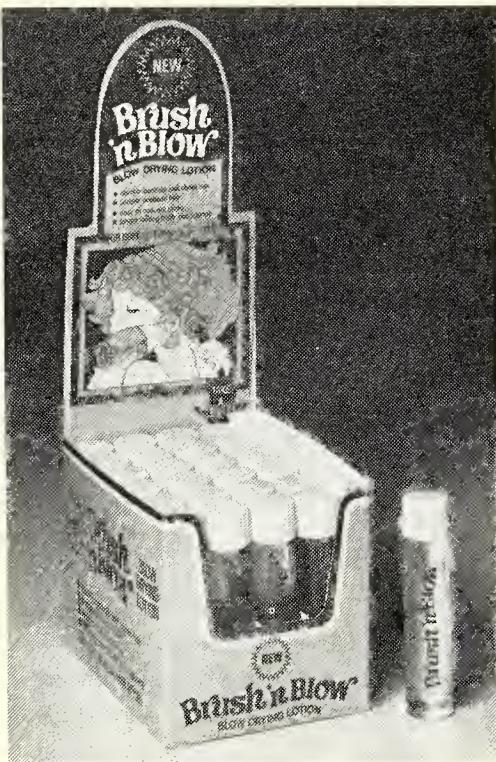
"We are aiming for blanket coverage of the teenage market with heavyweight spending in every major teenage-readership publication. And we're appealing to them in two ways."

When asked to elaborate on this, David Thompson of T.C. Bench, DDD's advertising agency, said:

"To appeal to the more sophisticated teenager, we shall be running crisply-worded, down-to-earth  $\frac{1}{4}$  page ads. No flourishes. Just honest-to-goodness selling. And for the younger girls we've prepared four lively cartoon story  $\frac{1}{2}$  page advertisements, written in the kind of language (censored a bit) that the kids use



themselves. With nearly 200 ads, it's the most exciting campaign I've been involved with for a long time."



## New products

Continued from p172

pack designed to hold 24 phials. Leaflets called "Blowdrying for beginners" are given away with each display unit (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

### Morgan's shampoo for UK

Morgan's will now be selling their two special shampoos in the UK starting with Kent. The shampoos (120ml £0.32, 500ml £0.72) have enjoyed many years of export success which director, Bob Martin, is hoping will be repeated in the home market. Morgan's shampoos are available in two types, cream for normal hair and anti dandruff (Morgans Pommade Co Ltd, Colewood Road Industrial Estate, Swalecliffe, Whitstable, Kent CT5 2RT).

### Prescription specialities

#### RELEFACT LH-RH injection

**Manufacturer** Hoechst Pharmaceuticals Ltd, Salisbury Road, Hounslow, Middlesex  
**Description** Luteinising hormone-releasing hormone (gonadorelin) 100mcg in each ml aqueous solution

**Indications** In suspected pituitary impairment to assess reserve of LH and follicle stimulating hormone (FSH) in pituitary gland. May be of value in differential diagnosis of delayed puberty and hypogonadism

**Dosage** Adults and children, 100mcg intravenously. See literature

**Precautions** Premature ovulation could theoretically be induced if given in follicular phase of a female with normal cycles; unwanted pregnancy could occur if rhythm method of contraception used

**Side effects** Isolated cases of abdominal pain, nausea, headache and increased menstrual bleeding have been reported

**Storage** In a cool dark place

**Dispensing diluent** Not to be diluted or mixed with any additive

**Packs** 10 x 1ml ampoules (£64.70 trade)

**Supply restrictions** Available to hospitals only. Recommended prescription only

**Issued** February 1977

# Trade News

## Gillette aim for firmer market leadership

Gillette are putting their biggest advertising budget—more than £1m—in behind the GII razor in a bid to push it into outright market leadership. And as system-ownership is fundamental to blade sales, they are launching a new GII razor plus cartridge trial pack at the lowest-ever price of £0.29.

Spearheading the programme will be television commercials featuring Manchester United's Tommy Docherty, Steve Coppell and Gordon Hill, in an advertisement called the "one-two strategy". In the commercial Docherty shows the two players working together to score a brilliant goal, and draws the analogy between the way they combine and the way that GII's twin blades work together.

Gillette Industries Ltd, Great West Road, Isleworth, Middlesex, say that one of GII's remarkable features has been its strong brand loyalty—recent studies indicate that more than 70 per cent of all new purchasers continue to use it in preference to their previous razor. Before the advent of systems razors, 70 per cent of razor sales were made to women in the four or five weeks prior to Christmas, but the purchasing pattern has changed so that GII and Techmatic razors now sell steadily throughout the year and the majority of buyers are men, choosing the razor for their own use. That was one of the factors leading to the choice of football in the campaign. The campaign, which features both 30- and 15-second commercials, breaks on February 14 with a heavy six week burst in all television regions. Promotional back-up includes a 10p voucher, redeemable against GII cartridges, on the back of each £0.29 razor pack.

Gillette claim that by the end of 1976 GII accounted for 24 per cent of blade sales, an increase of 6 per cent on 1975.

The Gillette Industries Ltd sales force has a new structure, with the three regional managers being responsible for both the chemist and grocery divisions, area managers (responsible for each division), and a new specialised sales force covering Woolworth's stores. Mr Derek Shortland is in charge of sales administration for chemist national accounts. The new structure should result in better service for the customer, say Gillette.

### Calmurid in larger tubes

Calmurid cream is now available in 300g tubes (£3.50 trade) from Pharmacia (Great Britain) Ltd, 75 Uxbridge Road, London.

### Tubifoam repackaged

Tubifoam protective toe covering is now being supplied by Seton Products Ltd, Tubiton House, Medlock Street, Oldham,

Lancs, in boxes made of clear plastic film that can be re-sealed after opening. Simple illustrated instructions are printed on the outside to show the customer how it should be applied. The Tubifoam size guide has been simplified, with four sizes covering toes from extra small to large. All sizes are supplied in 25cm lengths.

### Prothiadene 75mg tablets

Prothiadene 75mg tablets (100, £4.52: 500, £21.70 trade) will be available from Crookes Laboratories Ltd, Telford Road, Houndsill Estate, Basingstoke, Hants, from February 14. Each red, sugar-coated tablet, marked 'P75' in white, contains dothiepin hydrochloride 75mg and is being introduced to meet the growing requirement for a night-time formulation.

### Brevinor correction

The oestrogen content of Brevinor, the new oral contraceptive from Syntex Pharmaceuticals Ltd, St Ives House, Maidenhead, Berks, was incorrectly shown as a result of a printer's error (C&D, January 29, p110). The correct figure is 35mcg ethinyloestradiol.

### Leaflets on biochemic salts

A series of "How to treat" leaflets have recently been produced by New Era Laboratories, 39 Wales Farm Road, London W3 6XH, explaining the use of certain biochemic tissue salts in minor skin ailments, coughs and colds, etc.

### Mucodyne pack change

During the next seven months, some supplies of Mucodyne 200ml syrup will have coloured caps. Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE, assure pharmacists that the contents of the pack are unchanged.

### Prices up March 1

Cox-Continental Ltd, 93 Lewes Road, Brighton, East Sussex BN2 3QJ, have given notice that prices of their product range are to be advanced from March 1. Details in the Price Supplement at the appropriate time.

### Thermometer price reduced

S. Brannan & Sons Ltd, Cleaton Moor, Cumbria CA25 5QE, have reduced their prices—wholesale and suggested retail—on Fahrenheit clinical thermometers from February 1 (no 11—0551, srp now £0.48 instead of £0.66).

### Fisherman's Friend larger pack

Lofthouse Chemical Products Ltd, Copse Road Industrial Estate, Fleetwood FY7 7LP, have added to their list a larger pack of Fisherman's Friend lozenges (£0.20), available in outers of 12.

### New PBI booklet

The latest addition to the range of gardening booklets by PBI Publications, Britannia House, Waltham Cross, Herts, is "Be your own house plant spotter" (£0.35), by Dr D. G. and J. P. Hessayon.

### Diovil size change

On March 1, Carter-Wallace Ltd, Wear Bay Road, Folkestone, Kent CT19 6PG, are to replace Diovil suspension 454ml with a 500ml pack (£1.12 trade).

Continued on p176



# Milupa introduce Milumil. A new generation of baby milks.

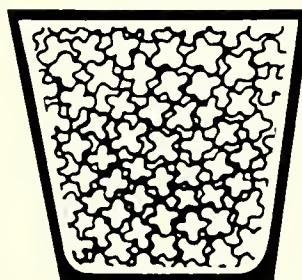
First came Milupa Infant Foods, the fast movers. Now Milupa introduce Milumil, the first granulated baby milk food.

## Milumil is granulated

Milumil granulation is a real advantage for mothers. Measuring and mixing are made much easier.



Milk powders  
may become compressed  
in the scoop leading  
to overfeeding.



Milumil granules  
are easier to measure  
and less likely to  
become compressed.

**Milumil is satisfying.**  
Milumil has been carefully modified to meet  
UK medical recommendations.

Levels of protein and minerals have been reduced. Fat content approximates to that of breast milk. Carbohydrate content has been made satisfying throughout the milk feeding stage.

**Milumil is available nationally.**

Milumil prices and margins are competitive.

An attractive introductory offer is available nationally through normal wholesalers.

A full promotional programme supports the launch.

Don't wait and see. Order now and ensure Mothers know you stock Milumil and the Milupa range, the new generation of baby foods.

Samples and full information from  
Milupa Limited, Milupa House, High Road, Cowley Peachey,  
Middlesex UB8 2JA. Tel: West Drayton 48286.

# **milupa**

A new generation of baby foods



# Trade News

Continued from p174

## Beecham's big prizes for trade and consumer

A week's holiday for two in a 4-star hotel in Tenerife is the prize awaiting 40 retailers taking part in the current Breakaway display competition run by Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD. Nor has the company forgotten the consumer—30 Lunn Poly holiday vouchers for £300 are the prizes in a concurrent competition geared to maximise toiletries sales by creating consumer interest.

The Breakaway competition is open to any retailer who submits a photograph of a Beecham toiletries display on the Breakaway "passport" form obtainable through representatives (see also the insert in this week's issue). The display must feature at least one of the following products: Vosene, Body Mist, Brylcreem, Macleans, Falcon, Midas foam bath, Fynnon bath, Aquafresh, Silvikria and Bristows hair products.

Closing date is March 25, and winners will leave the UK on April 29, returning a week later. Judging will be by Beecham's senior marketing and sales executives.

The holiday vouchers to be won by the consumers can be used at a date to suit the winner. The competition poses six questions, all related to a well known Beecham toiletry product. Entry is through a form available in-store and must be supported by a till-roll or other receipt. Closing date is April 8.

Bob Mould, the company's retail sales manager said of the competition: "It offers really worthwhile incentives for both the trade and consumer". He told C&D that the hotel in Tenerife has three swimming pools, a sauna and hairdressing salon, and that the special arrangements made for the prizewinners include a boat trip, a cable car ride to the top of an extinct volcano and shopping excursions for the ladies.

### Fynnon's apothecary jars

Beecham Proprietaries have made both variants of Fynnon bath liquid, spa bath and herbal bath (£0.38), available in clear plastic jars based on original apothecary jar models "down to the unusual detail of their elegant screw-on stoppers".

### Scotties 200s

Bowater Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1 7LR, are offering more tissues for less money plus new pack designs on the new Scotties 200s packs. Each pack contains 11 per cent more tissues than the 180s which the new box replaces, at a price increase of only 6 per cent. Full colour advertisements for the packs will appear in *My Week*, *Woman's Weekly*, *Annabel*, *Woman's Realm*, *Woman & Home*, *Woman's Own*, *Woman*, *Parents* and *People's Friend*. Available in both the

white and rainbow colours the packs have been redesigned to give "sufficient product information to determine at a glance the best value for money when purchasing", while also looking decorative in the home.

### Swiss Bio-facial advertising

Chefaro Proprietaries Ltd, Crown House, London Road, Morden, Surrey, are continuing the advertising campaign for Swiss Bio-facial this year. They will be taking 60 insertions in young women's magazines; full and half page advertisements will appear until June in *Honey*, *19*, *Look Now*, *pear* until June. In February and March there will be a three week experimental campaign on Radio Clyde and Radio Trent.

### Brevia in pharmacies

Kimberly-Clark Ltd, Larksfield, Nr Maidstone, Kent, say that according to independent research Kotex Brevia press-on pant liners have achieved a "remarkable record of success" since their launch last year. In



four months, the company says, the brand has achieved greater distribution in chemists than any other product launched by Kimberly-Clark throughout their history in the UK. In addition to an advertising campaign in women's magazines there will be trade and consumer promotions and a sampling programme.

### Rimmel shades

Six new shades have been added to Rimmel products in a "mini-launch" by Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE. Usually all new products and colours are launched once a year in late spring but this year the company has made an exception because it feels there is a definite colour change afoot. Florida rose has been added to the pressed powder range, plush pink to the translucent blush range, tawny bloom and caramel pearl in cream rouge—a product which Rimmel describes as

"youngsters' earth shattering discovery of the decade"—and matte white and midnight blue in eye liner pencils.

The spring consumer promotion from Rimmel will include 38 colour advertisements in women's magazines: *Woman's Own*, *Woman's Weekly*, *True Story*, *My Weekly*, *Jackie*, *True with My Love*, *Woman's Story*, *Annabel*, *Woman's World*, *Woman*, *She*, *Over 21*, *Photoplay*, *True Romance*, *Loving*, *Woman's Realm*, *19*, and *Cosmopolitan*, covering their eye, lip, nails, face and perfume series.

### World standards speedy finder

A world standards mutual speedy finder is now available from the International Technical Information Institute, Toranomon-Tachikawa Building, 6-5, Nishi-Shimbashi 1-Chome, Minato-Ku, Tokyo 105, Japan. Volume one, (US \$95) dealing with chemicals, provides comparative tables of USA, UK, France, West Germany and

Japan and includes 10,210 standards. The standards titles have been translated into English and comprehensive indexes are provided using common item keywords.

### Weleda magazine promotion

Readers of the February 19 issue of *Woman's Own* will be invited to take advantage of a consumer offer from Weleda (UK) Ltd, Littlehurst, East Grinstead, West Sussex RH19 4ES. They will be able to send in for a large cleansing milk or a large creme cleanser plus a 50cc bottle of toning lotion free. Each redemption will be sent a money voucher (£0.15) to spend on any Weleda product. The March 19 issue of the teenage magazine *Jackie* will carry an editorial about all Weleda products.

### Braun's spare parts

Braun Electric (UK) Ltd, Mill Mead, Staines, Middlesex TW18 4UQ, have appointed a network of specialist spare part wholesalers stocking the full range of spare parts for all Braun electrical appliances. The wholesalers, in Chiswick, Rochdale, Portsmouth, Wimbledon, Swanley, Sheffield, Cardiff, Nottingham, Birmingham, and Glasgow will enable retailers to obtain spare parts easily and quickly at normal trade terms.

### Jeyes decision

Outlining plans for 1977, marketing manager Bill Bromwich told the sales force of Jeyes UK Ltd, Brunel Way, Thetford, Norfolk, that there would be increased emphasis on promotional activity geared towards the consumer. There will be more above-the-line advertising, a more creative approach to on-pack activity and a continual programme of improving brands.

### Go Cat boost

A free 100g is being given away with every 400g pack of fish, liver, chicken, rabbit and mixed flavours of Go Cat from Carnation Foods Co Ltd, 11 High Road, London N2 8AW, while stocks last and there is a 15p-off offer on the 1.5kg packs.

### Inter-dens support

Inter-dens is being advertised to consumers in *Radio Times*, *Cosmopolitan*, *Sunday Times colour supplement* and *Punch*, and to dentists in *Probe*, *British Dental Journal* and *Dental Update* by Nicholas Laboratories Ltd, 225 Bath Road, Slough SL1 4AU.

### Jacquelle Kandy bags

A number of cosmetic purses and holds have been added to the range of Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG. The Kandy range includes a small round purse (£0.99) and a crescent bag (£2.49).

### Us comes to the crunch

The sound track of the current Us anti-perspirant commercial has been released by the Good Earth division of RCA records as a single. Johnson Wax Ltd, Frimley Green, Camberley, Surrey, say that the record company's assessment of the product's theme music, entitled "The crunch", as a good commercial prospect would seem to confirm "that Us anti-perspirants have hit the market."

Continued on p182

# Something new, Something old.

Some changes are for the better.

*ALBION SKIN SOAP* was previously called Albion Milk & Sulphur. We did some pretty exhaustive research and came up with an eyecatching new pack and a simplified name.

But the soap's the same.

Frankly, some things just can't be improved.

Toilet Size 75g.



**The Albion Soap Company Ltd.,  
Station Road, Hampton, Middlesex.**

# Colgate

## INTRODUCE

# HOYT



The world leaders  
of fluoride preparations in  
preventive dentistry  
and dental health care.

# HOYT Laboratories

Hoyt Laboratories Division of Colgate-Palmolive Ltd. is a world leader in pioneering fluoride therapy. Hoyt is introducing to the United Kingdom a comprehensive range of fluoride products that are thoroughly researched and strongly supported by published clinical evidence.

## Product range

The most comprehensive range of proven fluoride products in the world has something for everyone. Choice of product is determined by the dentist and depends upon the extent of caries evident in the patient and the levels of fluoride found naturally in the local water supply.

### LURIDE

systemic fluoride supplements are flexible, palatable, and convenient for all children up to the age of twelve. In the absence of water fluoridation caries can be prevented by the use of:

### LURIDE Oral Paediatric Drops

### LURIDE 0.5 mg. Fluoride Tablets

### LURIDE 1.0 mg. Fluoride Tablets

The Hoyt range of fluoride dental rinses are unique. As a caries preventive measure, rinses are the most effective way to reach the greatest number of people efficiently and economically. Used regularly from the age of six into adult life, caries prevention can be as high as 50% when using:

### FLUORIGARD – Daily Topical Rinse/ 0.05% Neutral Sodium Fluoride

### POINT-TWO – Weekly Topical Rinse/ 0.2% Neutral Sodium Fluoride

### PHOS-FLUR – Daily Topical Rinse/ 0.05% Acidulated Phosphate Fluoride

## Promotion

Hoyt Laboratories will be actively promoting these products to the dental profession. This will take the form of an educational programme both to the dentist and his patient informing them of the importance of correct oral hygiene practice. Additionally, there will be 1) an active sales force, 2) heavy media exposure in the leading dental journals, 3) sponsorship of seminars and attendance at conferences, and 4) the availability of patient educational material for each and every interested patient highlighting the facts behind these products and informing them of their availability at the chemist.

## Profits

The Hoyt range will only be sold through chemists and will be highly profitable for you. Once patients are introduced to these products through their dentist, they become regular customers because fluoride therapy is a life-long programme.

With the combined efforts of Colgate and Hoyt, this unique range of preventive products will be regular sellers for you. Contact Vestric, Unichem, or Sangers, and stock up now. If you are really concerned about preventive dentistry, you can offer your customer more than good advice. You can offer a complete range of products for all the family.

# L'Oréal have got a new

HERE'S WHAT YOUR CUSTOMERS WILL  
WANT TO KNOW ABOUT ALLURELL.

## The hold you can't feel

Allurell holds like a hairspray but you can't feel it when you touch your hair.

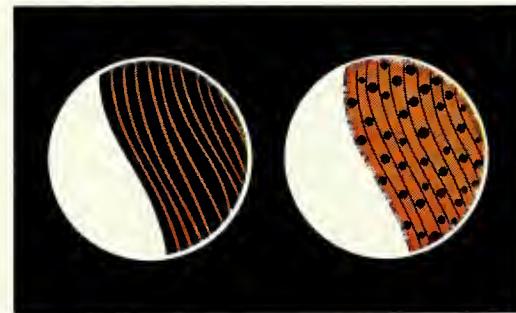
As you use Allurell, it disperses and forms a delicate web along the strands.

You can see from the two diagrams how Allurell's hold is different from the conventional hold.

In the first diagram, the strands are completely covered with spray. This makes the hair stiff and sticky.

In the second diagram, Allurell holds the hair at many tiny points along the strands. This 'point-to-point' hold is stronger and it allows the hair to move freely.

The mesh is so fine, you can't feel anything when you touch the hair.



# hold on the market.

HERE'S WHAT YOU'LL WANT TO KNOW ABOUT ALLURELL.

## The £700,000 national launch

It's taken us seven years to perfect the hold you can't feel. Now we're going to advertise it in a big way.

We're starting with a heavy radio campaign in February and March.



We're launching Allurell in a 30 second TV commercial, starting in April.



"I never thought it could hold my hair. But it does!"

Allurell d'Elnett. The hold you can't feel.



"The first time I used it, I thought I hadn't put enough on."

Allurell d'Elnett. The hold you can't feel.



"Know what's so great about my hairstyle? I can touch it!"

Allurell d'Elnett. The hold you can't feel.

We're backing up the television commercials with double-page colour advertisements in women's magazines from May.



We've got eye-catching P.O.S. material for you to display.

### Allurell d'Elnett. The hold you can't feel.

By L'ORÉAL. Because you're worth it.

## MORE ADVERTISING SCHEDULES FOR NYLAX

*Steadily rising sales (it's been going on since inception in 1940) command continued and increasing advertising.*

*The mass readership National Sundays*

### SUNDAY EXPRESS NEWS of the WORLD SUNDAY PEOPLE SUNDAY MIRROR

*plus a number of women's magazines will carry REGULAR INSERTIONS FOR NYLAX right through  
FROM NOW to NOVEMBER, 1977*

*If you are not stocking Nylax you're missing out on a proven success.*

*Nylax won't make your fortune, but it will sell continuously in ever increasing quantities — which is exactly the kind of pharmacy line which every chemist wants.*

### NYLAX (22p) £1.82 doz THE MODERN HERBAL & VITAMIN LAXATIVE

*Direct from*

*British Chemotheutic Products Ltd., (makers of Optabs)  
Kemtheutic House, Grant Street,  
Bradford, West Yorks*

*Telephone: Bradford (0274) 22005*

*Or order singles through your usual wholesaler.*

## Trade News

*Continued from p177*

### Colour film with increased speed

A modified Kodacolor II film with an increased speed of 100 ASA will become available in the UK later this month and will gradually replace the present 80 ASA film. Kodak Ltd, PO box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU, say the change should help improve the picture-taking scope of simple snapshot cameras by increasing the numbers of printable negatives at the under-exposed end of the range, without affecting pictures taken in bright light.

Kodak are also introducing Ektacolor 37 RC paper, with "lustre-luxe" surface. They say the texture of the new surface is quite distinct but the colour saturation is similar to that of a glossy surface and prints—particularly from 110 negatives—appear to be sharper than those made using type Y (silk) paper. The less "broken" surface also means that print contrast appears to be higher than with type Y paper. The new surface will be available in 8·9 x 160m and 8·9 x 240m sizes from March. Other sizes will become available four to six weeks later.

### Coppertone trade competition

A fortnight's holiday for two in the Seychelles is the first prize in Coppertone's trade competition from Plough (UK) Ltd, Penarth Street, London SE15 1TR. Contestants have to judge how many bottle caps are shown in an illustration. Retailers have one chance to enter the competition for every five dozen Coppertone products ordered before April 30, for delivery before May 31.

### Coupons for Pears

Pears are joining with other hair products from Elida Gibbs Ltd, PO box 1DY, Portman Square, London W1T 1DY, and issuing four million money-off coupons for Pears shampoo. The 4p coupons will be carried on packs of Harmony colourant, Pin-up, Melody, Sea Witch and Wood Nymph, and are redeemable for any size and variant of Pears shampoo. The promotion will operate from March to July.

### Bronnley soap eggs

The soap eggs from H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0BR, have been repackaged for Easter. Two coloured box dispensers are available, one containing 12 bath size eggs soaps and the other containing 18 toilet soaps. A show card and an egg shaped counter unit have also been designed as ancillary sales aids.

### Moppets sponges

A launch price of £0·20 per packet is being offered on Moppets sponges (normally £0·25) which Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU, are



adding to their range. Moppets are cellulose sponges said to hold 25 times their own weight in water; they are packed in threes in a shrink wrapped clear pack. A pair of Salter Superweigh kitchen scales will be on offer with them until May 31 at a reduced price of £3·99. Point of sale material will be available and the launch will be boosted by television advertising.

### Penbritin veterinary tablets

Canisters of 50 Penbritin veterinary tablets 400mg (£8.00 trade), are being introduced to replace the 20 tablet carton by Beecham Animal Health, Beecham House, Brentford, Middlesex. Orbenin veterinary injectable is to be discontinued at the end of February when stocks are exhausted. Beecham recommend Floxapen 250mg vials as an alternative.

### Bonus offer

Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, North Watford, Herts. Codella handcream, 13 as 12 until the end of March.

Vestrin Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP. Pharmaton capsules. 10 per cent off 6 x 30, 12½ per cent off 12 x 30, 10 per cent off 2 x 100 and 12½ per cent off 4 x 100, until March 31.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire;  
Y—Yorkshire; Sc—Scotland; WW—Wales and West;  
So—South; NE—North-east; A—Anglia;  
U—Ulster; We—Westward; B—Border;  
G—Grampian; E—Eireann; CI—Channel Island.

**Aspro Clear:** All areas

**Anadin:** All areas

**Ayds:** All except E

**Benylets:** Sc, NE

**Build Up:** All except U, E

**Crest:** M, So

**Grecian 2000:** All areas

**Lemsip:** All except E

**Macleans:** All except G, E, CI

**Milgard:** M, U

**Milton crystals:** M

**Parkers:** WW, We, A, CI

**Recital:** All areas

**Ribena:** All areas

**Sevenseas:** Y, NE

**Sunsilk:** All areas

# Why planned distribution?

by Alan J. Smith, chief executive, PSNC

*Where there is planned distribution and adequate after hours service, pharmacy will be in a much stronger position to argue for reducing the number of dispensing doctors and for legislation to restrict the sale of all medicines to pharmacies, believes Mr Alan J. Smith, chief executive, Pharmaceutical Services Negotiating Committee. An extract from a paper he presented to Bradford and Halifax Branch, National Pharmaceutical Association last week, appears below.*

The idea of a comprehensive planned system of distribution of pharmacies is by no means new. The principal difficulties are deciding which pharmacies should be deemed essential and the criteria on which decisions should be based.

Various criteria have been suggested including: Geographical location, population, availability of public transport, seasonal variation of inhabitants as in holiday resorts, number of NHS general practitioners in the area, economic viability of the pharmacy.

The various bodies which might be in a position to control the distribution of pharmacies include the Pharmaceutical Society—amending legislation would be required before the opening of new pharmacies or redistribution of existing ones could be controlled. The Department of Health could control distribution by limiting NHS contracts to areas it felt needed a pharmacy and designating the areas opened or closed. Again new legislation would be required.

## Freedom to open

The other effective method of controlling the distribution of pharmacies is by economic means, such as the essential small pharmacies scheme. The greatest advantage of this method is that it does not require legislation; it allows freedom for pharmacies to be opened but gives a financial inducement to pharmacists to enter into contract where their services are most urgently required.

The time has now arrived where it is imperative for action to be taken to maintain the viability of the small pharmacy, particularly with the advent of health centres and group practices whereby those pharmacies close to the medical practitioners are very profitable, but those pharmacies in a less advantageous position are being reduced below the level of economic viability.

The Secretary of State is obliged to ensure that there is an adequate NHS pharmaceutical service, and if it is seen that the profession itself cannot provide this by planned distribution then there will be an increase in the number of doctors who will apply to provide dispensing services. An increase in municipal pharmacies and health centres with an integral pharmacy could result.

It is proposed that the essential small pharmacies scheme be extended at a later date to include pharmacies dispensing less

than 6,000 prescriptions per annum and situated less than 2 miles from the next pharmacy to include part time pharmacies. It is also proposed that a Basic Practice Allowance be paid to all pharmacies, whether essential or not. It may be desirable for this payment to be limited to existing pharmacies, and new ones if essential. A possible alternative to a BPA would be the registration of patients with a particular pharmacy. Some 80 per cent of prescriptions are dispensed within one mile of where they are written, and the difficulties arising where a patient gets his prescription dispensed close to work could be overcome with planned distribution.

It is also proposed that there should be more part-time pharmacies which would enable a greater distribution to be achieved and would have important benefits with regard to health centre pharmacies. Pharmacists in a consortium could share their working hours between their existing pharmacy and the health centre. Part-time pharmacies would also encourage fuller utilisation of the numerous female pharmacists who, because of family commitments, are unable to provide a full time service. They, and many other pharmacists, would be able to provide services in areas of need, and so aid the concept of planned distribution and more adequate locum arrangements.

## Preventing 'leap-frogging'

To prevent "leap-frogging" pharmacists should give serious thought to forming a consortium in the health centre where the existing services are inadequate. Any reduction in their dispensing and/or counter turnover could be partly compensated by improved terms of payment for their diminished NHS dispensing. If the share in the consortium were limited to the contractors at present practising in the catchment area, and were subject to a pre-emption clause, then the shares in the health centre consortium could only be purchased with the shareholder's main business. This scheme might enable the marginal viability pharmacies to be a saleable proposition because of the added incentive of the health centre shares, where in normal circumstances the main pharmacy may be unsaleable.

Pharmacists have always valued their freedom and the desire to open a pharmacy where they wish. This entrepreneurial instinct should not be discouraged. The inducement to open in areas of need



might go a long way towards achieving planned distribution which for various reasons, principally the lack of the necessary legislation, has not been previously attained by the profession.

A power exercisable by the Family Practitioner Committee to restrict the issue of contracts would, in the Committee's view, serve to protect the pharmacies peripheral to the health centre by preserving their viability as independent units.

## Financial inducements

The PSNC's essential small pharmacies scheme redistributes money from the larger to the smaller contractors practising in areas where the continuance of a pharmacy is deemed essential (eg 2 miles or more from the nearest pharmacy). This scheme is estimated to cost up to £0.3m in the first year, and if it is to be extended significantly then "new money" must be forthcoming from the Department because there is a limit to the amount of "self help money" the large contractors are able to contribute to their smaller colleagues and remain viable themselves.

Another scheme could involve the formation of a consortium to practise in the health centres and the distribution of any profit to contractors in the surrounding catchment area (all of whom should be offered a shareholding in the consortium). This profit distribution would partly offset the diminution of profit due to the loss of prescription income to the health centre pharmacy.

The opening of the consortium pharmacy in or adjacent to the health centre will result in an added capital and operating cost for the contractors for the same number of prescriptions. An inducement to practise should be payable as with the medical practitioners in group practice. Alternatively, a refund of salaries and overheads should be paid to the consortium. This refund of overheads already occurs with staff of medical practitioners including dispensing doctors' staff and dispensing overheads. Such payments are made because the Government has convinced the Department that group practice gives a better service to the public because of 24 hour service, better locum, etc.

When the economic climate improves,

# Why planned distribution?

Continued from p183

consideration should be given to the payment of an Initial Practice Allowance to encourage pharmacies to open in essential areas and to maintain the viability of those already open. This proposal formed an integral part of the essential small pharmacies scheme as put forward by PSNC.

Another positive economic device to hasten planned distribution is to introduce a "re-location expenses payment" whereby a pharmacist who re-locates his business in an area of need is paid his reasonable "out of pocket expenses", including removal, conveyancing and estate agent's fees, and an agreed sum for provision or alteration to fixtures and fittings and other incidental expenditure.

The payment of a BPA, already agreed by the LPC representatives conference, will help to maintain the existing network. It will be payable to all pharmacies whether they are deemed essential or not, and will apply to new pharmacies when they are opened regardless of where they are opened. This scheme could result in a contractor in effect paying a BPA to a competitor who opens near by. It would aid planned distribution if the BPA was payable to existing pharmacies but only to new pharmacies if opening in an area where such services were required.

Any consideration of planned distribution would be incomplete without ensuring that existing pharmacies (especially those incorporated in the essential small pharmacies scheme) remain open. The PSNC has already written to contractors and LPC secretaries asking them to establish an "early warning system" to monitor potential closures in order that emergency pharmaceutical services may be made available where necessary. Locum, and collection and delivery expenses could be met by the DHSS if the terms of the essential small pharmacies scheme were suitably extended.

## Legislative methods

Planned distribution raises a different picture to different people. Some look upon it merely as a means of preventing competitors opening near to their particular area. Others look at a planned distribution as a prohibition to opening within a quarter mile of a health centre. Some look at it as a means of economic support for their particular pharmacy. Others view it in the light of improving the service and enhancement of the profession even if sacrifices have to be made.

Against a background of the Monopolies Commission, restrictive trade practice and the recommendations to the European Parliament there will be no likelihood of legislation to protect pharmacists unless there is a balancing benefit to the public at large. A truly planned service might

mean some closures and redirection of pharmaceutical resources, rather than merely maintaining the *status quo*. If "open and closed" areas are introduced and two pharmacies apply to open then a selection panel will be required to choose which applicant is deemed most suitable. All England is open area at the moment and Government would only introduce legislation to protect existing businesses if some positive action is taken to fill the vacuum in the pharmaceutical services by positive planning in the open areas.

Unless the Department can be convinced that a planned service will be a better service then the necessary legislation will not be forthcoming and the financial inducement mentioned previously will have to be financed out of the "global sum" rather than from "new money". This drain on the profitability of the larger contractors could in itself be a disincentive to planned distribution, because they in turn will become non-viable. It is, therefore, essential that new Government money is made available.

The proposals to the European Parliament "providing for full and effective freedom of establishment, and freedom to provide services in the retail side of the pharmaceutical sector whilst nevertheless

safeguarding public health" is perhaps an indication of current thinking. At the moment, only West Germany, Ireland and Great Britain have an open system of pharmaceutical distribution so there is a real danger of an influx of pharmacists from other EEC countries where no control exists. France, in particular, produces more than 3,000 pharmacists per year, many of whom are unable to establish practices of their own.

Traditionally, the Conservatives have opposed restriction of contracts because of their principle of free enterprise, and the Socialists have opposed it on the grounds of creating a monopoly situation which was not State controlled.

New money payable for a BPA is unlikely because the Minister has recently stated that "we cannot afford to spend money on facilities which involve highly trained manpower if they are likely to be under-used". In other words, before Government pays a BPA, some degree of selection and distribution would have to be implemented. Once a BPA is payable to all pharmacists by the Government, it could be looked upon as a step towards a salaried service with all that this would imply. Rationalisation and not nationalisation should be our theme.

## US controls could affect laboratories in UK

The implications of a "code of good laboratory practice", which the US Food and Drug Administration and other agencies intend to introduce, were being discussed at an international seminar, held in London last week. The code would impose both standards of practice and a definite programme of quality control on laboratories that intend to submit toxicological evidence on new drugs, etc, to FDA. This would include the independent laboratories—such as Inveresk Research International, of Edinburgh, sponsors of the seminar.

Mr Sherwin Gardner, FDA acting commissioner, told a Press conference on Monday that the code would become final next spring. Overseas laboratories would be subject to the code, but FDA would be willing to enter into mutual recognition agreements with other countries. Dr G. E. Paget, a director of Inveresk, suggested that it would be some years before Europe had a similar code; it might be a suitable area for WHO involvement. In reply to questions, Dr Paget estimated application of the code could add 10-30 per cent to the costs of this aspect of research.

## Human cell test for mutagenicity

A technique which could be of value in screening chemicals for mutagenicity has been developed by the Medical Research Council's Radiobiology Unit at Harwell.

The technique—which involves culturing cells of human skin—was explained at a Press visit to the unit on Monday; it was devised by a team under Dr R. J. Munson which is currently investigating mutation of mammalian cells when exposed to various radiations. The cell cultures are

grown after irradiation in a nutrient broth together with a cytotoxic drug, so only those colonies produced by a cell lacking the enzyme system destroyed by the drug—which was thus a mutant cell—will develop. The results are then compared with the number of mutant colonies being produced through naturally occurring mutation, which is in the order of 1 in 10,000 cells.

Although the relevance of the technique to the whole human being has not been demonstrated—only a few tissues such as skin and kidney have been so cultured—the researchers point out that it utilises human cells and as such scores over other tests such as on micro-organisms and fruit flies. Using the technique they have shown that  $\alpha$ -particles are about eight times more effective in producing mutations than X-radiation at the same dose levels—a result similar to that found in studies of germ cell mutation in mice after whole-body irradiation.

Another team, led by Dr M. F. Lyon and Dr B. M. Cattanach, are studying mutant mice, which could be of help in medical research—such mutants can provide models of human disease; the chromosomal aberrations may provide research tools by marking the position of different genes on chromosomes; and advances in fundamental biological knowledge such as sex determination in mammals can arise from the study of such mutants. Other groups are studying carcinogenesis by ionising radiation and aspects of plutonium toxicity.

## Anti-vasoconstrictor drug

G. D. Searle have developed suloctidil, an anti-vasoconstrictor drug with the trade name Dulocitil, for the treatment of chronic obstructive peripheral vascular disease. The drug is available only in Mexico and a spokesman told C&D there are no plans yet to market it in the UK.

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# Professional News

Pharmaceutical Society of Great Britain

## Why pharmacy was not told of proposals to cut drugs bill

Criticism of the Department of Health for not consulting the pharmaceutical profession about proposed economies in prescribing (*C&D*, January 15, p32) has resulted in an explanation being given to the Pharmaceutical Society by the Department's chief pharmacist (Dr T. D. Whittet).

The Society's Council was told at its February meeting that, in his letter, Dr Whittet had said that at the regular meeting held on July 8, 1976, between the Department and regional pharmaceutical officers, it had been agreed that the profession would be informed when an initiative to the Joint Consultants Committee and the General Medical Services Committee about drug and therapeutic committees had been finalised. The Secretary of State had written on December 5, 1976, to the chairman of the council of the British Medical Association about the whole question of drug costs and possible ways of reducing them, both in the hospital service and in general practice. It had been made plain in the letter that the intention was not to introduce any form of statutory control, but rather to seek the co-operation of the medical profession. Dr Whittet indicated that he was writing in similar vein to regional pharmaceutical officers and to the Guild of Hospital Pharmacists.

Mr M. Millward suggested that the "regular meeting" with RPOs was a curious way in which to pass information to the profession. Dr D. H. Maddock added that the implications would be traumatic to three-quarters of the profession; the Society should indicate that it would be making suggestions concerning improvement in the use of pharmaceutical resources. Mr D. Dalglieh moved reference to the Practice Committee and Mr Millward seconded, suggesting that the matter should also be taken up with the Pharmaceutical Services Negotiating Committee. The motion was carried.

### Reluctance on student 'membership'

Council referred back to the Organisation Committee a recommendation that, subject to minor amendment, it should accept a submission from the British Pharmaceutical Students Association requesting the establishment, within the Byelaws, of a separate category of membership, with limited rights, designed specifically for students. The reference back was moved by Mr Millward, who emphasised that he had nothing but goodwill towards the BPSA and pharmacy students, but felt that, in helping students, care must be taken not to accord them privileges properly belonging to membership. That applied to the proposal that BPSA should have voting rights at the Branch Representatives' meeting. Mr M. Gordon op-

posed reference back to the Committee. It was the policy of Council and the profession to improve the relationship with students, and to look forward to them taking an active interest in pharmaceutical affairs and politics. For some years students had been allowed to be represented at Branch Representatives' meetings without a vote. Professor A. H. Beckett suggested a compromise might be to grant students the right to speak at the meeting, but not the right to submit motions.

Mr R. Dickinson (deputy secretary of the Society) explained that the students wished to have the right to submit motions, and to have some voice in the policy, and that to do that they were prepared to give up their autonomy. They were conscious that the Council might object if they projected themselves too much into the meeting, and they accepted that they would only normally participate in discussion of motions which concerned them and their immediate future careers. Mr C. C. Stevens argued that people who were not members should have no voice in policy. Mr J. Balmford also agreed it was wrong that students should be given the right to vote and submit motions or amendments.

### Interpretation of 'policy'

Mr W. M. Darling felt that BPSA's interpretation of the word "policy" was different from that which certain members of Council had placed on it. The Branch Representatives' meeting in its present form would properly influence policy decisions reached by Council, and no doubt it was within that definition that the BPSA were considering the matter. Council had been working for closer contact with the student body with the aim of improving the knowledge of the Society and of Council, and conditioning the minds of students in relation to the policy and attitudes of pharmacy. Mr Darling said he would be happy to support the recommendation—the proposed integration would benefit the entire membership.

Referring to a proposal that post-graduate students, other than registered pharmacists, holding pharmacy degrees should be eligible for student membership for up to five years after graduation, Professor Beckett asked how people would react if a person who had been qualified for four or five years and had not registered was controlling the students' organisation and putting up a number of motions at the Branch Representatives' meeting. Dr Maddock pointed out that the proposals allowed to students three motions and two votes: furthermore, the Branch Representatives' meeting decisions were not binding on anybody at present. All decisions came to Council, which had complete control over the situation. Mrs

J. Gilbert supported the recommendations, saying that student membership could be stopped on graduation, or a year after graduation. Students were making a considerable concession by saying that they would work within the Society's policy.

Mr J. P. Kerr said that there was no hurry in taking a decision; there was sufficient doubt to warrant referring the matter back. Mr Dickinson said the students would welcome discussion with members of Council, and they would like a decision by April.

### Eye-drop labelling

The general practice subcommittee is considering the labelling of eye-drops in plastic bottles. It was said to be becoming common practice to indicate the sterility of the contents not by means of a Visk seal, as on the traditional glass container, but by means of a Cellophane overwrap. In such circumstances, it was impossible to apply a dispensing label directly on to the innermost container without destroying the integrity of the seal. The instructions to the patient therefore had to be attached to the outer wrapping, which might be destroyed before the drops were used. A letter is to be sent to the Association of the British Pharmaceutical Industry pointing out the difficulties and asking for suggestions of ways in which the problem could be overcome.

The subcommittee considered a suggestion from a Local Pharmaceutical Committee that, in the interest of convenience and patient acceptability, a 2.5ml medicine spoon should be introduced. It was decided that a change in policy would cause confusion and would be a retrograde step. A suggestion that a large size child-resistant tablet container should be available was also considered. It was agreed that the attention of the Department of Health be drawn to the problem in an endeavour to reduce the quantities prescribed. It was accepted that in a limited number of cases the present largest container was inadequate and therefore that there was a need, albeit a small one, for a larger container.

A third letter had been received from the Department in reply to the Society's repeated suggestion that where a patient's address is stated on the face of Form FP10 it should not be necessary to endorse the back of the form with the words "as overleaf". The Department repeated that it considered the endorsement desirable as an aid to patient identification. Council decided to take no further action.

Following correspondence with Schering Chemicals Ltd on the package inserts supplied with Progynova, the company is to consider making it more clear on the insert that it was for the benefit of the patient and should not be removed. The company's letter pointed out that the wording already appeared on the carton.

The Practice Committee considered the present situation concerning use of amber or white flint dispensing bottles. The meeting was reminded that it was current Council policy that amber glass should be the only type available, but after discussion it was accepted that there might be occasions when a white bottle was acceptable. The Committee recommended,

# Concern over veterinary medicines

Continued from p187

and the Council agreed, that at a meeting arranged with PSNC representatives it should be made clear that the Society would welcome both types of bottles being available, provided there was no significant increase in cost. The Society's representatives will be Mr Gordon and Mr Kerr. The meeting is also to discuss the matter of related quantities on FP10 prescription forms.

It was also reported to the Practice Committee that Dr Gavin Strang (Parliamentary Secretary, Ministry of Agriculture, Fisheries and Food) had indicated to the House of Commons that the animal medicines "merchants' list" would be implemented as proposed and that the Veterinary Products Committee would review the products on the list. An invitation is to be extended to Dr Strang to meet the president to discuss the matter, and the Society is to press for a meeting with the National Farmers Union. The Practice Committee expressed concern that there was no pharmaceutical representation on the Veterinary Products Committee, and considered that the names of appropriate pharmacists should be submitted to the Ministry of Agriculture, Fisheries and Food for inclusion.

The Committee discussed allegations of excessive prescribing, unrelated quantities and errors, particularly on receptionist-written prescription forms. Council agreed that evidence of excessive prescribing should be sought through the members of the general practice subcommittee.

It was reported that the General Medical Services Committee of the British Medical Association had supported pharmacy's proposals for dealing with incomplete prescriptions. Concern was, however, expressed at that Committee's suggestion that British National Formulary footnotes should be reintroduced. It was recommended, and the Council agreed, that a letter be sent to the Department of Health setting out reasons why there should be no reintroduction of footnotes.

## Use of restricted titles

The Society is to approach the registrar of Friendly Societies with a view to obtaining his agreement to a ban on the inclusion of the words "pharmacy" and "chemist" in the names of friendly societies, similar to the agreement already existing with the Registrar of Companies and the Registrar of Business Names. The Committee had considered correspondence with the Co-operative Union, concerning a proposal to change the name of Blackpool Co-operative Chemists Ltd to the Greater Lancashire Co-operative Chemists Ltd, following the amalgamation of a number of Co-operative Societies in the North West of England. The Committee con-

sidered whether to make special exemptions in view of the peculiar position of Co-operative Societies registered under the Industrial and Provident Societies Act, 1965, but after discussion it was agreed that the principle already established with other corporate bodies should be maintained. It was recommended, and Council agreed, that a letter be sent to the Co-operative Union Ltd, and that discussions take place with the Registrar of Friendly Societies.

Following the Monopolies Commission suggestion that veterinary surgeons should be allowed to advertise their professional services, the Ethics Committee considered possible relaxations in the Society's policy on advertising. After discussion, the Committee recommended and the Council agreed, that there should be no change in policy regarding the use of restricted titles in advertising.

## Society's views on cannabis

It was reported to the Law Committee that in a recent case in the Court of Appeal, it had been decided that the possession of leaves and stalks of cannabis was not possession of the drug "cannabis" as defined in the Misuse of Drugs Act 1971. It was understood that the Society's Press office was receiving inquiries about the Society's views on the distribution of cannabis, and on whether it should be permitted in some limited way. The Committee recommended and the Council agreed, that inquirers be told that the Society's attitude towards cannabis had not changed, that the case in question did not appear to make any significant change in the law, and that the Society would not welcome any relaxation of the law relating to cannabis. If, however, the law did change, the Council would consider, at that time, what part pharmacy should play as the professional body primarily responsible for the distribution of drugs and medicines.

After considerable discussion Council agreed that, in view of the strength of opinion on the recommendations as they stood, the Society should indicate that it was awaiting any proposals from the Advisory Council on Misuse of Drugs.

It was reported to the Science Committee that the Department of Environment had confirmed that a paper, "Chlorofluorocarbons and their effect on stratospheric ozone", produced by the Central Unit on Environmental Pollution, was a formal statement of the Government's position on chlorofluorocarbons and their uses. The paper had concluded that if the 1973 rate of usage of chlorofluorocarbons continued, a maximum depletion of about 8 per cent in the ozone layer would occur in about 100 years' time, causing an increase of about 16 per cent in ultra violet radiation reaching the ground. The paper recommended that manufacturers of aerosols and plastic foams using chlorofluorocarbons should intensify their search for alternatives, and that manufacturers and users of industrial equipment using chlorofluorocarbons should seek to minimise leakage of those materials during operation or maintenance of the equipment. The Science Committee recommended, and the Council agreed, that letters should be sent to the ABPI, the Society of Cosmetic Chemists and the Toilet Preparations

Federation, informing the three associations of the Society's interest in the subject, and asking if their members were taking active steps to find alternative propellant to chlorofluorocarbons for use in aerosols.

The New Legislation Committee considered a draft Order from the Department of Health, the purpose of which was to permit the import of medicinal products with a product licence if they were to be re-exported with any change except the addition of a label. The Committee was reminded that a subsequent proposal had been made which would also permit certain assembly operations without licence. Council felt it undesirable that medicinal products which might be of unsatisfactory standard should pass through Britain and eventually reach a foreign country without being subject to the standards required by the Medicines Act 1968. The Department had pointed out that it would be unfair for any exporters in Britain to go through a licensing procedure that their competitors did not have to face, and that the Medicines Act would not apply to export trade until Section 48 of the Act was brought into force.

Council had also drawn attention to the World Health Organisation certification scheme, and had received a reply from the Department indicating that it agreed in principle to participation in the scheme but felt compliance with the scheme required reactivation of Section 48 of the Medicines Act. The Committee re-affirmed its views and Council agreed that a letter be sent to the Department of Health.

## Translation of EEC Directives

It was reported to the New Legislation Committee that the secretary and registrar had attended a meeting at the Home Office to discuss the English translation of European Economic Community Directives, in connection with draft regulations regarding dangerous substances which had been prepared by the Health and Safety Executive. Several Government departments had not agreed with the Health and Safety Executive's choice of wording. The Home Office had objected to the use of the word "toxic". It was recommended, and Council agreed, that a letter be sent supporting the Home Office view and making other points concerning the proposed exemption from the regulations for small quantities of dangerous substances which were also poisons.

The New Legislation Committee has been wound up. In future any matters relating to legislation will be dealt with by the Law Committee.

Council considered a report of a meeting of the Alliance of Independent and Professional Workers and Enterprises, and decided to take no further action with regard to that body, although it sympathised strongly with its broad objectives.

The Education Committee recommended, and Council agreed, that the degree of BSc in pharmacy at The Queen's University of Belfast be approved for the purpose of registration for a further period of five years, subject to any amendment being submitted to the Society during the period before implementation. Council also agreed that approval be given to changes made in the BSc pharmacy degree syllabus of Heriot Watt University.

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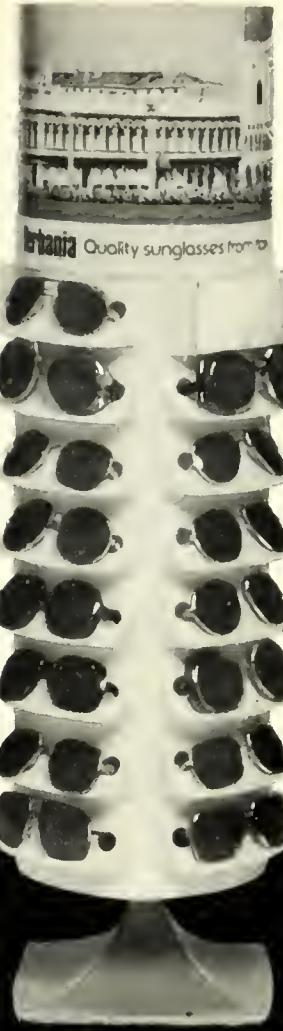
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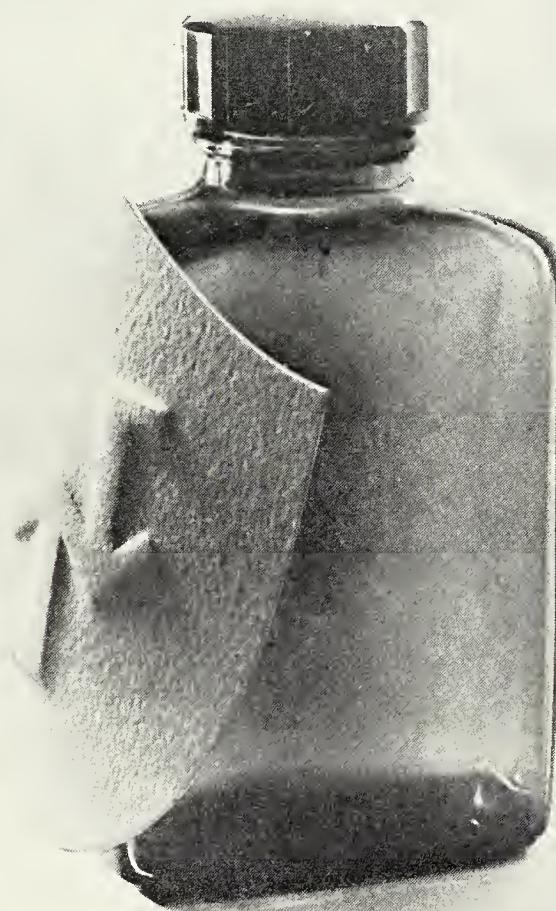
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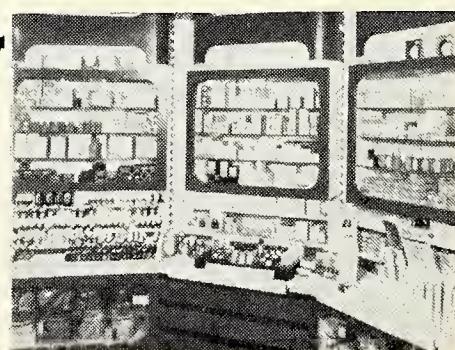
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# Company News

## Astra open clinical research unit in Edinburgh

Astra Chemicals Ltd have opened a clinical research unit at 65 Queen Street, Edinburgh, to collect scientific information relative to new compounds of clinical interest from the company's three basic research laboratories in Sweden. The unit, headed by Dr Nick Boyes, consists of several clinical scientists and support staff, who will be making contact with leading hospitals and institutions.

The company's research programme specialises in local anaesthetics, anti-hypertensives, anti-arrhythmics, anti-depressives, bronchodilators, and beta-blocker compounds such as alprenolol and metoprolol. In the pulmonary area, the company developed terbutaline.

### Briefly

**Braun Electric (UK) Ltd** are moving to Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex. The warehouse (delivery, collection and goods return) will be operating here from February 14, the service department from February 21 and all other departments from March 7.

**Hoffmann La Roche** increased their turnover less than the anticipated 10 per cent in 1976, partly due to the appreciation of the Swiss franc, and profit increased more slowly than sales, according to a Swiss newspaper report. Pharmaceutical sales showed only a modest increase, but fine chemicals almost recovered from their setback in 1975. The effect of the Seveso accident last July on profits is difficult to judge, but the damages involved are unlikely to jeopardise the company.

### Appointments

**Meyer & Myer Marketing Ltd**: Mr J. C. Salaman, sales manager, has been appointed to the board and is now sales director.

**Syntex Research Centre**: Dr Calum B. Macfarlane, MPS, ARIC, has been appointed director, pharmaceutical development. Dr Macfarlane was previously manager, pharmaceutical development, Lilly Research Centre. Dr Brian J. Alps has been appointed director of pharmacology and Mr David A. Kinch director of toxicology.

**Imperial Chemical Industries Ltd**: Mr A. R. (Tony) Marchant, at present a Fibres Division business area director, has been appointed overseas director of the Pharmaceuticals Division, in succession to Mr J. D. F. Barnes, who has been appointed a division deputy chairman. Both appointments take effect on April 1. Mr Marchant was formerly finance director of Intex Yarns, a position he held for six months before joining ICI Fibres Division early in 1972 in a marketing capacity, and was appointed to the Fibres Division board in December 1972.

Part of the warehouse at St James Mill Road, Northampton, recently acquired by E. H. Butler & Son Ltd. It has a total ground floor distribution area of 14,500 sq ft with a two storey office area of 3,750 sq ft, and is fitted with Dexion Impex and Speedlock racking. The whole stock comprising some 15,000 different products was moved from the old warehouse in one

weekend. The warehouse manager is Mr John Fitzhugh, who has been newly appointed to succeed Mr C. J. B. Britton on his retirement



## Proposed poisons changes

The Poisons Board has agreed to recommend to the Secretary of State changes in the Poisons List and the Poisons Rules as follows:

Carbofuran, mephosfolan, oxamyl and triazophos to be included in Part II of the Poisons List and in Schedules 1, 5A, 5B, 7(6), and 8 to the Poisons Rules 1972.

That the entry for alpha-chloralose in part A of Schedule 5 to the Poisons Rules 1972 be amended so as to allow listed sellers of Part II poisons to sell preparations intended for indoor use in the destruction of rats and mice and containing not more than 8.5 per cent, w/w, where the preparation is contained in a bag or cachet which is itself attached to the inside of a device in which the preparation is intended to be so used and the device contains not more than 3g of preparation.

That the name of hydrocyanic acid where it appears in Part I of the Poisons List and in Schedules 1, 3, 6 and 8 to the Poisons Rules 1972 be changed to the more modern term "hydrogen cyanide".

That the name of  $\beta$ -[2-(3,5-dimethyl-2-oxocyclohexyl)-2-hydroxyethyl] glutarimide where it appears in Part II of the Poisons List and in Rule 15(2)(c) of and Schedules 1, 5A, 7(6) and 8 to the Poisons Rules 1972 be changed to the BSI common name "cycloheximide".

That the entry in Part II of the Poisons List commencing with the words "Organotin compounds" be deleted and a new entry "Fentin, compounds of" be added in the appropriate alphabetical position in Part II of the List, and that corresponding amendments be made in Schedules 1, 5A, 5B, 7(6), 8 and 15 to the 1972 Rules.

That the name of sodium 4-(dimethylamino)benzenediazolosulphonate where it appears in Part II of the Poisons List and in Schedules 1, 3, 5A, 5B, 7(6) and 8 to the Poisons Rules 1972 be changed to the BSI common name "fenaminosulf".

The Secretary of State will shortly be considering making Statutory Instruments to implement these changes in the Poisons List and the Poisons Rules. Any objec-

tions or observations should be sent by March 18, 1977, to the Under Secretary of State, Home Office (Drugs Branch), Room 215, Romney House, Marsham Street, London SW1P 3DY.

The Poisons Board has also agreed to recommend further changes in the revised Poisons List and the revised Poisons Rules which will come into operation under the Poisons Act 1972, as follows:

That the entries for strychnine and nicotine in Part I and Part II, respectively, of the revised Poisons List should read: "strychnine; its salts; its quaternary compounds" or "nicotine; its salts; its quaternary compounds", as appropriate. It is proposed that the entries for each substance in the Schedules to the revised Poisons Rules, which may be renumbered but will serve the same purpose, should be in the same terms as the entries in the revised Poisons List. The relevant Schedules are, in respect of both substances, Schedules 1 and 8, and, in respect of nicotine only, Schedule 14.

That the special exemptions for smelling bottles under the entries for ammonia and phenols in group II of Schedule 3 to the Poisons Rules be omitted from the revised Rules, because such products will be subject to control under the Medicines Act 1968.

### No fluted bottles

That the provisions at present in Rule 26 of the Poisons Rules 1972 which require in certain circumstances the outer surface of a bottle containing a poison to be fluted vertically with ribs or grooves recognisable by touch be omitted from the revised Poisons Rules which will come into operation under the Poisons Act 1972.

The Secretary of State will shortly be considering the inclusion of these proposed changes in Statutory Instruments to be made under the Poisons Act 1972, to implement those changes in the Poisons List and the Poisons Rules which have already been notified to the Trade. Any objections or observations should be sent by March 18, 1977, to the above address.

# Market News

## Olive oil prices ease

London: February 9. Both Spanish and Mediterranean olive oil prices have fallen by £30 metric ton although Tunisia is not offering at the moment. Noteworthy in the essential oil market is the firmness of Brazilian peppermint; shippers are now asking 35p kg above the cif value of Chinese oil. Elsewhere in essential oils citronella, origanum and rosemary are easier while pennyroyal is dearer.

In spices the differential between black and white pepper is believed by dealers to be too small. The US market, which favours the black variety, is paying about the same price for black as the white is offered on the London market. During the week black advanced £20 metric ton and white £30. The Grenada authorities have increased the official export price of nutmeg; the new rates for the various grades are given below. Botanical drugs were quiet during the week with prices mainly repeated.

No change in pharmaceutical chemicals were advised during the week.

## Pharmaceutical chemicals

**Acetone:** £252 metric ton 20-drum lots.  
**Adrenaline:** (per g) 1-kg lots base £0.25; acid tartrate £0.20.  
**Aloin:** 50-kg lots £17.00 kg.  
**Atropine:** (Per kg in 1-kg lots) Alkaloid £109.10, methonitrate £102, methylbromide £124.40, sulphate £94.50.  
**Aluminium chloride:** Pure, 50-kg lots £0.8578 kg.  
**Ammonium acetate:** BPC 1949 crystals £0.6454 kg in 50-kg lots; strong solution BP 1953 £0.1841 kg in 200-kg lots.  
**Ammonium bicarbonate:** BPC £146.10 metric ton, ex-works.  
**Ammonium chloride:** Pure in 50-kg lots £0.2121 kg for powder.  
**Aspirin:** 10-ton lots £1.95 kg; 1-ton £1.215.  
**Benzocaine:** BP in 50-kg lots, £4.49 kg.  
**Biotin:** £6.78 g; £5.45 g in 25-g lots.  
**Bismuth salts:** £ per kg.

	50-kg	250-kg
carbonate	9.80	9.75
salicylate	8.15	—
subgallate	8.65	—
subnitrate	8.87	8.80

**Bromides:** Crystals £ per metric ton

	Under 50-kg	50-kg	1,000-kg
Ammonium	1,090	932	874
Potassium*	1,010	853	816
Sodium	990	839	802

\* Powder plus £43 kg.  
**Brucine sulphate:** £45.00 kg.  
**Caffeine:** Anhydrous £3.30 kg in 100-kg lots; citrate £2.40 kg (50-kg lots).  
**Calamine:** BP £621 per 1,000 kg.  
**Cantharadin:** 100-g lots £1.30 per g.  
**Carbon tetrachloride:** BP, 5-ton lots in largest drums, £235 per metric ton.  
**Chloral hydrate:** 50-kg lots £1.17 kg.  
**Chloroform:** BP in drums per metric ton from £406 in 35-kg drums down to £383 in 280-kg drums, 500 ml bottle £0.90 each; 2-litre bottle £2.21.  
**Choline:** (500-kg lots) bitartrate £1.99 kg, dihydrogen citrate £1.50.  
**Cinchocaine:** Base (5-kg lots) £55.75 kg; hydrochloride £59.30.  
**Clioquinol:** USP XVII 500-kg lots, £11.06 kg.  
**Cocaine:** Alkaloid £448 per kg; hydrochloride £409. Subject to Misuse of Drugs Regulations.  
**Ether:** Anaesthetic BP 2-litre bottles £2.46 each; drums from £1.28 in 16-kg drums to £1.16 kg in 130-kg. Solvent, BP from £916 metric ton in 16-kg drums to £820 in 130-kg.  
**Glucose:** (Per metric ton in 10-ton lots)—monohydrate £195; anhydrous £445; liquid 43° Baumé £200 (5-drum lots); naked 14-ton £160 ton.  
**Glycerin:** 1 ton lots £621 metric in 250-kg returnable drums; 5-ton lots £606.

**Homatropine:** Hydrobromide £90.20 kg; methylbromide £83.70—both in 1-kg lots.  
**Hydrogen peroxide:** 35 per cent £223 metric ton.  
**Hyoscine:** Hydrobromide £482.10 kg.  
**Hyoscamine:** Sulphate, 100-g lots £160.60 kg.  
**Icdine:** Resublimed £4.90 kg in 250-kg lots.  
**Iodides:** £ per kg:

	Under 50-kg	50-kg	250-kg
Potassium*	3.61	3.48	3.46
Sodium	4.71	4.59	—

\* For crystals and granules.

**Isoprenaline:** Hydrochloride £52.00 kg; sulphate £45.00.

**Lignocaine:** (25-kg) base £9.24 kg; hydrochloride £9.31.

**Magnesium carbonate:** BP per metric ton—heavy £550-£570; light £390.

**Magnesium dihydrogen phosphate:** Pure £1.5725 kg in 50-kg lots.

**Magnesium hydroxide:** (metric ton) BPC light £1,090; 28 per cent paste £390.

**Magnesium oxide:** BP per metric ton—heavy £1,430; light £1,070.

**Magnesium salicylate:** £660 per metric ton.

**Magnesium sulphate:** BP per metric ton, £109; commercial £92-£96.50; excised BP £227.40.

**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations, £1.33 per 5-g.

**Methyl salicylate:** £0.93 kg for 5-ton lots; £0.97 for 1-ton.

**Metol:** Photo grade per kg, 50-kg lots £5.64; 250-kg £5.46.

**Paracetamol:** (Per kg) 50-ton contracts from £2.60; 10-ton £2.65; 1-ton £2.75. Premiums for direct compression £0.13 kg.

**Pethidine hydrochloride:** Less than 10-kg lots £34.69 kg. Subject to Misuse of Drugs Regulations.

**Phenylephrine hydrochloride:** From £65.00 to £70.00 kg according to quantity.

**Pholcodine:** 1-kg £452 to £457 as to maker; 60-kg lots £415. Subject to Misuse of Drugs Regulations.

**Phthalylsulphathiazole:** 50-kg lots £1.60 kg.

**Physostigmine:** Salicylate £1.00 per g; sulphate £1.28 100-kg lots.

**Pilocarpine:** Hydrochloride £268 kg; 25-kg lots £235 kg. Nitrate £264 and £230 respectively.

**Succinylsulphathiazole:** £4.87 kg (50-kg lots).

**Sulphacetamide sodium:** BP £6.51 kg for 50-kg.

**Sulphamethizole:** £6.71 kg in 1,000-kg lots.

**Sulphaquinoxaline:** BVetC in 50-kg drums £8.05 kg; sodium salt £9.10.

**Theophylline:** Hydrate and anhydrous £3.41 kg in 100-kg lots. Theophylline ethylenediamine £3.66 kg under 50-kg lots.

## Crude drugs

**Balsams:** (kg) Canada: £11.70 spot; £11.60, cif. for shipment. Copiba: BPC £2.20 on the spot; £2.05, cif. Peru: £6.25, cif. Tolu: £3.80 spot.

**Cloves:** Madagascar £4,300 per ton, cif. Ceylon quills 4 O's £0.70 lb.

**Cochineal:** Peruvian silver-grey £14.40 kg, spot; £14.00, cif. Tenerife black £21.00, cif.

**Dandelion:** New crop for shipment £1.17 kg, cif.

**Ergot:** Portuguese-Spanish £1.80 kg spot; £1.40, cif.

**Gentian:** Root £1.15 kg spot; £1.05, cif.

**Henbane:** Niger £1,100 metric ton spot nominal; £1,000, cif.

**Ginger:** (ton, cif) Cochin £1,025, Jamaican (spot) £1,250. Nigerian split £810 spot, shipment £735, cif. peeled £940.

**Honey:** (per metric ton in 6-cwt drums, ex-warehouse) Australian light amber £560, medium £550, Canadian £760; Mexican £570.

**Menthols:** (kg) Brazilian from £10.60 spot and cif. Chinese from £12.50 duty paid; £11.20, cif.

**Nutmeg:** (per ton, fob) Grenada 80's £1,650, unassorted £1,490; defectives £1,250.

**Pepper:** (ton) Sarawak black £1,410 spot; £1,320, cif. White £1,595 spot; shipment £1,515, cif. Brazilian black grade one £1,380, cif.

**Pimento:** Jamaican £1,460 ton, cif.

**Podophyllum:** Root £850 metric ton, cif, nominal.

**Quillaia:** Spot £1.15 kg; £0.95, cif.

**Saffron:** Mancha superior £430 kg.

**Turmeric:** Madras finger £365 ton, cif.

## Essential and expressed oils

**Cassia:** Chinese offered at £58.00 kg spot and cif.

**Citronella:** Ceylon £1.35 kg spot; £1.25, cif.

Chinese £2.10 spot and cif.

**Clove:** Madagascar leaf, £2.50 kg spot; shipment £2.70, cif. Indonesian £2.50 spot and cif. English-distilled bud £45.00 spot nominal.

**Olive:** Spot ex-wharf, Spanish (subject to EEC levy) £1,320 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,320. Tunisian not offering.

**Origanum:** Spanish £15.20 kg spot.

**Palmarosa:** No spot; £7.40 kg, cif, nominal.

**Pennyroyal:** £11.50 kg fob Spain.

**Peppermint:** (kg) Arvensis—Brazilian £5.40 spot and cif. Chinese £5.25 spot; £5.05, cif. Piperata, American Far West about £24.50, cif.

**Sandalwood:** Mysore small lots quoted about £100 kg spot. No cif offers.

**Spearmint:** (kg) American Far West £15.50. Chinese spot £12.75 kg; shipment £11.70, cif.

Feb shipment.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

# Coming events

## Monday, February 14

**Harrow Branch, Pharmaceutical Society,** Northwick Park Hospital, clinical lecture theatre, at 8 pm. Dr H. M. Hodgkinson on "Medical problems in old age".

**Southampton Branch, Pharmaceutical Society,** Southampton general hospital, postgraduate medical centre, at 7.30 pm. Dr D. H. Maddock (a member of Council), on "A topical issue of modern pharmacy".

## Tuesday, February 15

**Ayrshire Branch, Pharmaceutical Society,** Savoy Park Hotel, Ayr, at 8 pm. Dr J. C. Ferguson on "Diabetes".

**Bromley Branch, Pharmaceutical Society,** Wellcome Research Laboratories, Beckenham, at 8 pm. Working dinner, speaker Mrs Estelle Leigh (vice-president of the Society).

**Hertfordshire Branch, National Pharmaceutical Association,** Lister Hospital, postgraduate medical centre, at 8 pm. Mr W. A. G. Kneale on "Nationalisation—threat, salvation or folly".

**Lincoln and Skegness Branches, National Pharmaceutical Association,** White Hart Hotel, Sleaford, at 7.30 pm Mr T. P. Astill (deputy secretary NPA), on "You, your workers and the law".

**Northumbrian Branch, Pharmaceutical Society,** Centre Hotel, Newcastle upon Tyne, at 7.30 pm. Mr Bryan Slater on "Film censorship".

**Plymouth Branch, Pharmaceutical Society,** Greenbank Hospital, at 8 pm. Mr Leslie Simpson showing "Leslie's film—Evening of travel".

## Wednesday, February 16

**Cardiff Branch, Pharmaceutical Society,** University of Wales Institute of Science and Technology, at 7.30 pm. Professor A. H. Beckett on "Drugs in sport".

**Fylde Pharmacy Forum,** Queens Hotel, Blackpool. Working dinner, speaker Mrs Estelle Leigh (vice-president of the Society).

**Leeds Branches, National Pharmaceutical Association and Pharmaceutical Society,** Windmill Hotel, Leeds, at 7.30 pm. Annual dinner and dance. Principal guest, Mr Donald Royce, chairman of the NPA.

**Worthing and West Sussex Branch, Pharmaceutical Society,** Beach Hotel, Worthing, at 8 pm. Illustrated talk on the history of pharmacy by Dr T. D. Whittet.

## Thursday, February 17

**Barnet Branch, Pharmaceutical Society.** Dinner at the Society's headquarters, 1 Lambeth High Street, London, at 7 pm. Speaker, Sir Hugh Linstead.

**Bristol Branch, Pharmaceutical Society,** Frenchay postgraduate medical centre, at 7.30 pm. Dr Ken Hunter on "Sleep" (sponsored by Roche Products Ltd—booking necessary).

**Harrogate Branch, Pharmaceutical Society,** Smith's Arms, Beckwithshaw, at 8 pm. Mr Philip Margolis on "Israel today" (followed by buffet supper).

**Northern Scottish Branch, Pharmaceutical Society,** Ragmore Hospital, postgraduate medical centre, at 7.45 pm. Dr G. B. Farquharson on "General medical practice".

**Society of Cosmetic Chemists,** London Press Centre, at 9 am. One-day symposium: "Europe—the Directive and the cosmetic industry".

## Advance information

### British Pharmaceutical Students Association.

Annual conference, Bath University, April 3-8. Details from Miss B. J. Williams, 19 Caroline Buildings, Pulteney Road, Bath, Avon (enclosing stamped addressed foolscap envelope).

**Royal Society of Health.** Conference on "Self diagnosis: Self medication", Congress Theatre, Eastbourne, April 28 at 2.15 pm. Speakers:

Mr Brian Inglis, journalist; Dr John Bradshaw, medical author, on "British barefoot doctors?"; Mr David Sharpe, member of the Pharmaceutical Society's Council, on "The general practice pharmacist's viewpoint". Details from RSH conference department, 13 Grosvenor Place, London SW1X 7EN.

**Scottish Department, Pharmaceutical Society,** Society's House, Edinburgh, March 9 at 7.45 pm. Dr R. W. D. Turner on "The prevention of coronary heart disease".

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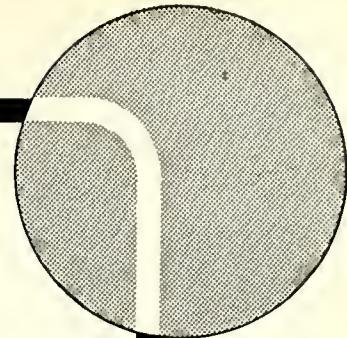
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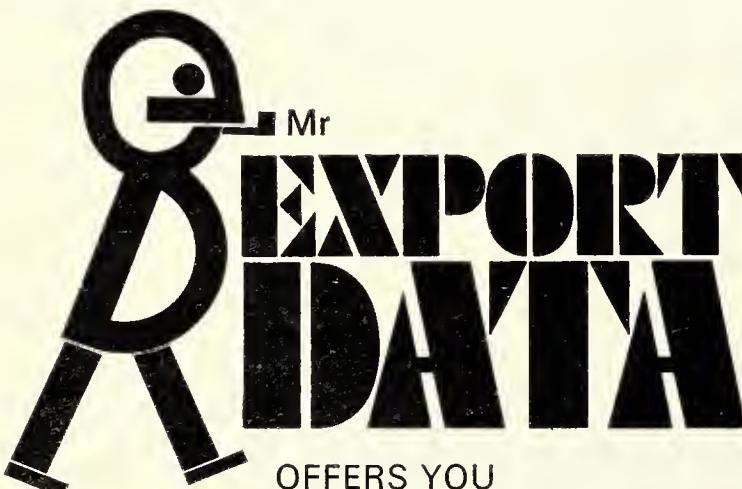
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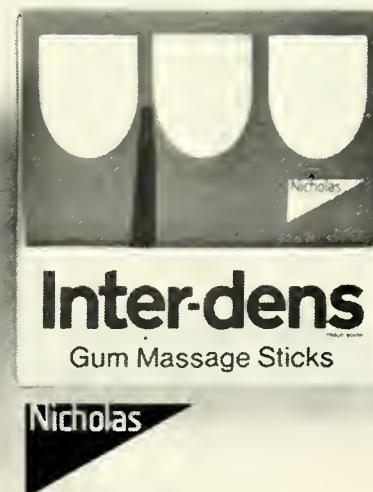
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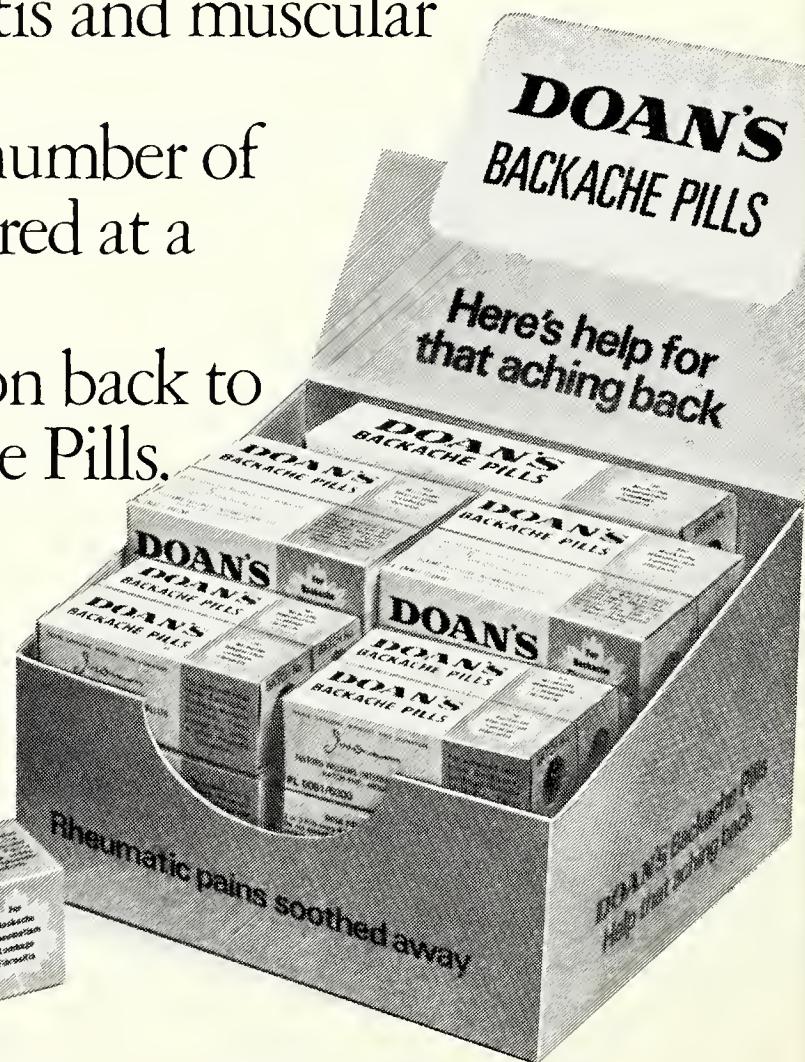
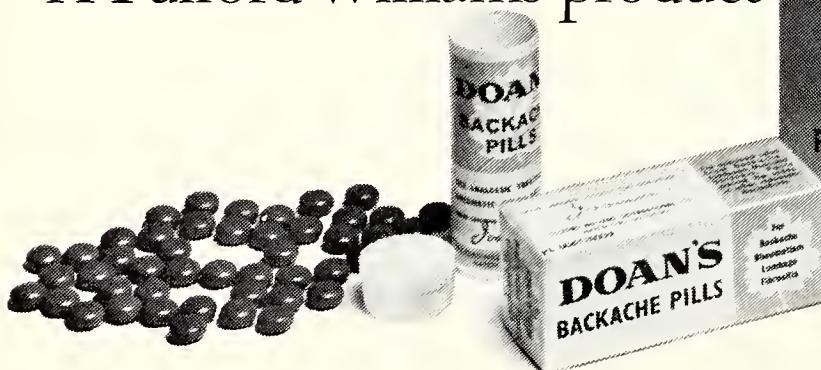
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